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ABSTRACT

This manual is designed to train those helping professionals who carry supervisory responsibility for the work of counselors in drug or other substance abuse programs. The purpose of this training course include identification and desceiption of supervision forms, processes and skills, and develcpment cf supervisory competencies useful in the work setting. In a modular presentation format, the materials address the follcwing areas of concern: (1) definitions, dimensions, and the context of supervision; (2) the supervisory process including models, methods, and tools; and (3) techniques for skill-building and application. Additicnally, a trainer's manual, workshop guidelines, and worksheets are provided. (Author/HLM)

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SUPERVISION

Trainer's Manual

and

Resource Manual

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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SUPERVISION

PURPOSES

The purposes of the Supervision Course are to identify and describe the forms, processes, and skills that constitute supervision as a work area in drug abuse and other substance abuse treatment programs and to provide opportunities for participants to practice the supervision skills identified toward the development of greater competency in supervision as a work/task area.

AUDIENCE

- This training program is designed for individuals who carry supervisory responsibility for the work of counselors in drug abuse treatment and other substance abuse treatment programs.

or

- Individuals who have worked as counselors in a drug abuse or other substance abuse treatment programs for at least three years and anticipate or aspire to a supervisory position.

- The trainer-participant ratio should not exceed one to eight.

LENGTH OF COURSE

The Supervision Course is designed as a five day, thirty eight (38) contact hour course. The design assumes a minimum of an additional five hours (not scheduled) will be required for participants to complete reading assignments.

COURSE MATERIALS

Trainers Manual

- The Trainer's Manual is designed to be used, by the trainer(s), in conjunction with the Resource Manual. The Trainer's Manual includes (exclusive of front matter) a sequence of topical areas and exercises, instructions for conducting the various activities, and approximate times required for each activity.

- The Trainer Manual allows for flexibility in delivery of the Supervision Program for specific training groups. However, the training team must engage in a planning process prior to the training event. The time-content matrix and the training-reading matrix (see front matter) illustrate the design of the training program.

The Resource Manual

- The Resource Manual has two primary purposes: (1) to provide the articles that are essential to understanding the content areas of the course and (2) to provide the directions, tests and other forms that participants need.

- The directions in the Resource Manual are intended to supplement those given by the trainer(s).

TRAINING STAFF QUALIFICATIONS

- This course is designed to be delivered by no less than two trainers regardless to the size of the participant group.

TRAINING STAFF QUALIFICATIONS (cont'd)

- A training team that delivers the Supervision Program should total at least three years of counseling in treatment settings, at least two years experience in supervisory positions; and demonstrated training and experience in the management of training groups.
- Desirable prerequisites for training team members are the following NMTS Courses:
  - Counselor Training - Short Term Counseling System (CT-STCS)
  - Assessment Interviewing For Treatment Planning (AITP)
  - Fundamentals of Program Evaluation (FOPE)
  - Training of Trainers (TOT)
- The major consideration in determining a training team for delivery of the Supervision Course is that the competency of the staff, as a whole, include: competence in counseling, experience in supervision, ability to plan and work together, and an understanding of how individuals learn.

SPACE AND EQUIPMENT REQUIREMENTS

- This program requires at least one large work room equipped with chairs and tables or chairs and a suitable writing surface. The room should be sufficiently large so that participants are uncrowded and comfortable. The program also requires at least two small work rooms or a number of small rooms sufficient to accommodate small work groups of eight to ten participants.
- Audio-visual equipment is desirable. Particularly, video-tape cameras and playback equipment. However, it is possible to design the course for deliveries that do not include video-tape equipment.
- Other materials required are:
  - Trainer's Manuals
  - Participant Manuals
  - Newsprint - Markers
  - Masking Tape
  - Pencils

EVALUATION

Two standards are used to determine each participant's performance in this course: 1) Attendance and 2) Score on the posttest. Participants who are certified as having successfully completed the supervision course should have been present a minimum of 90 percent of the time allotted for the course sessions and achieve a minimum score of 75 percent on the posttest.

SUPERVISION

OVERVIEW

The Supervision Training Program has been developed as a response to the need for training for individuals who are responsible for supervising counselors and other workers in the Drug Abuse Field. The primary focus of the course is toward supervision of workers who provide direct clinical services, such as the various forms of counseling, to clients in drug treatment programs.

The Supervision Course is designed to provide, for persons who have clinical or other supervisory responsibilities in Drug Abuse or other treatment settings, knowledge, understanding, and skill in supervision and its related areas.

Supervision is addressed in this program as "Those structural relations and procedures designed for the purpose of planning, oversight, monitoring and evaluation of the activities the staff to assure conformance with agency/program policy and to insure high quality service to clients." The program is directed toward the generic elements of supervision with major attention given to the administrative (organizational) and the clinical (teaching/learning) aspects of supervision in drug abuse and other treatment settings.

Major emphasis is given to conceptual and functional definition of supervision; the organizational context in which supervision occurs, the "Supervisor" as the role relates to administrative and clinical aspects of supervision, selected models of supervision, selected tools for supervision, and the skills required for effective execution of the supervisory role.

The Supervision Training Program is to be delivered using three distinct and related learning processes. These are: 1) didactic presentations, 2) experiential exercises, and 3) directed reading. Each of these learning processes are expected to increase the participants' learning regarding supervision as precondition to development of the behaviors that are incumbent in effective supervision. Also included in the design of this training program are a number of experiential events that are for the purpose of establishing and/or maintaining a socio-emotional climate in the training environment and among the participants that support the learning tasks. The course is designed to increase learning among the participants about those activities that make-up supervision as a work/task dimension in treatment settings.

1) Didactic Presentations - Are short lectures, delivered by a Trainer, that introduce or develop a content area or concepts that are central to the objectives of the course. The primary purpose of the didactic presentations is to "learn" about particular content area, idea, or concept, "understand" a particular content area, idea, or concept, and "appreciate" (invest with value) a particular content area, idea or concept.

2) Experiential Exercises - Are structured events designed to illustrate, usually among or between participants, a concept, idea, or principle. The primary purpose of the Experiential Exercises are to present, by illustration in experience, content areas, ideas, or concepts that are central to the objectives of the course. The process of learning from experience is different from learning in a didactic process. However, each is subject to the same expectation of increased cognition as an outcome.

3) Directed Reading - A substantial amount of the content of the Supervision Program is located in the articles that are in the Resource Manual. Directed readings are keyed to the Module in the Manuals to which they are appropriate. The design of this course is based on the expectation that the Resource Articles will be read by the participants (and trainers) prior to the delivery of the Module with which the article is associated.

OVERVIEW (cont'd)

The program utilizes large group, small group, and individual formats in the training process. Generally, lecturettes are presented to the participants as a large group and all process activities associated with the various individual and small group events are conducted in a large group. Small groups are used for simulations and exercises. As well as, those occasions when participants may benefit from discussion of a particular topic in a group. Individual work is, generally, restricted to testing and those activities that require the single and sometimes unique perspective of each participant.

Selected other activities not identified as a part of the content of the program may be included at the discretion of the training team. These include those activities that have the expressed purpose of influencing the socio-emotional climate in the training sessions so that learning may take place. Additional climate setting exercises are to be included as the training team plans for the delivery of the program or at any point during the program that such a need is indicated.

SUPERVISION

COURSE GOALS:

- To describe and illustrate the forms and functions of supervision in drug abuse and other substance abuse treatment programs.
- To delineate and describe the two primary aspects of supervision in drug abuse and other substance abuse programs.
- To describe the organizational context(s) of selected drug abuse treatment programs including: Structure, tasks, division of labor, division of authority and the relationship of those elements to the administrative and clinical aspects of supervision.
- To describe and illustrate the domain, the principles, and goals of the administrative aspects of supervision in drug abuse treatment programs including the standards and processes for evaluation.
- To describe and illustrate the domain, principles and goals of the clinical aspects of supervision including: The standards and processes for evaluation.
- To develop understanding of and appreciation for the tasks, skills, and competencies that constitute the role of "Supervisor" in drug abuse and other substance abuse treatment programs.
- To develop understanding of and appreciation for selected models of supervision.
- To describe and illustrate the use of selected "Tools" for supervision in drug abuse and other substance abuse programs.
- To provide opportunities for participants to develop and practice those behaviors and skills associated with effectiveness in the administrative and clinical aspects of supervision.

MODULE I

INTRODUCTION AND OVERVIEW

SCOPE:

Module I is designed to familiarize the participants with the nature, general objectives, and the schedule of activities in the supervision course. In addition, to developing an appropriate climate for learning in the training environment.

LEARNING OBJECTIVES:

Upon completion of this module each participant will be able to:

- Describe the three learning processes utilized in this course.
- Orally enumerate and describe three major goals that the course is designed to achieve.
- Describe orally three personal objectives that they wish to be satisfied by participation in this course.

LEARNING ACTIVITIES:

- Registration and logistics (30 minutes)
- Morning greeting (15 minutes)
- Name game (climate setting exercise, 15 minutes)
- Pretest (35-45 minutes)
- Supervisory strengths and difficulties (45-50 minutes)
- Overview of the course (30 minutes)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
20 - 30 Minutes Resource Manuals Newsprint Markers	ADMINISTRATIVE INFORMATION AND DETAILS Purpose • To provide information needed to facilitate the training event • To attend to all appropriate administrative tasks. Cover the following: • Restroom location • Location of refreshments for breaks • Eating Places • Emergency telephone calls (i.e., emergency number for incoming calls and location of phone). • Where and how the lead trainer can be contacted in the evening for the duration of the conference in case of emergencies • Applications - Trainees should be given applications to complete as they enter. At this time, however, the lead trainer can check to make sure that each participant has completed and turned in an application. • Attendance sheet - Note: Post and inform participants to fill it in each day. Stress the relationship between attendance and certification. • Certification • Obtaining college credit for the delivery • Climate setting - define the space that the membership will be working in - describe briefly the variety of activities that are planned for the training conference, i.e., lecture/discussion, small work groups, skill-building/application groups, video-taping, etc.
15 Minutes	MORNING GREETING Purpose • To provide participants with a structured activity to focus attention on the tasks at hand • To build rapport in the group with a shared affective experience Instructions Lead participants in exercise, i.e., give clear instructions. Other members of the staff should participate if possible.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
45 Minutes	PRETEST Purpose • To establish a base-line of trainee knowledge which can be used as a benchmark for determining the learning gain of the membership at the end of the training conference • To provide the participants with a tool for assessing some of their own areas of weakness in the field of supervision Instructions Give a copy of the test to each participant with all instructions necessary. Plan what early finishers may do (leave the room, etc.). Collect the pretest forms when trainees have completed them.
15 Minutes	THE NAME GAME Purpose • To familiarize staff and participants with each other's first names • To involve participants in a low-risk, self-disclosing activity Essentially, the rules of the game are simply to have each trainee introduce him/herself by his/her first name and to include with his/her name an adjective describing him/herself in some way, e.g. how he/she is feeling, or something he/she likes to do. It is helpful to have the adjective begin with the same letter as the first letter of his/her name. Each trainee repeats the name and adjective of the trainees who have preceded him/her, in order and adds his/her name and adjective at the end. Instructions Explain the rules of the game and start with yourself, e.g., My name is Charles and I am content. If any participant has difficulty remembering a name or adjective, encourage him/her to ask for assistance from the group rather than to skip the name or adjective that they cannot remember. When each trainee has repeated the names and adjectives of the preceding trainees, have a staff trainer be last even if you have to do it again yourself. (This indicates to the participants that the staff will work at least as hard as the participants throughout the conference.)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
45 Minutes Newsprint Markers 3 x 5 Cards Pencils Masking Tape Envelopes	SUPERVISOR STRENGTHS AND DIFFICULTIES Purpose • To encourage participants to begin thinking about their own issues in supervision • To allow participants to identify for themselves some of their own strengths and weaknesses • To generate a list of possible expectations (i.e., self-identified weaknesses) which can then be focused on as possible objectives of the training program or identified as issues that will not necessarily be focused on. Note to the Trainer *Refer to the list of strengths and weaknesses during the overview in order to identify those issues that will be covered and those that may not.* Instructions Explain the purpose of the exercise. Give each participant a 3 x 5 card and ask each to write three strengths that he/she sees in himself/herself having as a supervisor on one side of the card; ask each trainee to write down three weaknesses or areas of difficulty that he/she sees himself/herself having as a supervisor. Note to the Trainer *Instruct trainees not to put their names on the cards, to be as honest as possible, and that the cards will not be used to identify problems of specific individuals.* Instructions (cont'd) Collect the cards and shuffle them. Ask participants to break into small work groups (4-6 members each). Give one of the cards to each participant. Ask each group to review the strengths and weaknesses identified on each card and to write on one sheet of newsprint each of the strengths identified and on another sheet of newsprint each of the weaknesses identified. When the large group has reconvened, ask a representative from each small work-group to report out what has been written on that group's newsprint. In processing this exercise with the large group it is important to: • Note the common areas of strengths and weaknesses identified on newsprint.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) • State that there will be several work sessions in which participants will be generating information, and that participants will be expected to draw on the strengths that they have already identified as having throughout the course. Congratulate the group on its work. Save the newsprint as a check, later on in the course on whether expectations were met.
20 - 25 Minutes Trainer's Manual Resource Manual	OVERVIEW OF THE TRAINING PROGRAM • Develop a lecturette based on the material in the introduction to the course (pages 1-3, Trainer's Manual.) • Present the lecturette to the participants highlighting the elements in the training design: - Diadactic Presentations - Experiential Exercices - Directed Readings - Individual, Small Group, and Large Group Format • Emphasize the relationships between the course design and the goals and objectives of the training program. • Describe the resource manual, its contents, and how it is to be used.
20 - 25 Minutes Newsprint Magic Markers 30 envelopes Composite Chart From Supervisory Strengths and Weaknesses	Purpose • Discuss, in detail, the points of agreement between the participants' strengths and weaknesses and goals and objectives of the training program. • Assist participants, through discussion, to identify their expectations for their own learning. • Help participants to understand their responsibilities for participation and the responsibilities of the training staff to provide opportunities for learning. • Have each participant list five learning goals for himself/herself. • Have each participant place his/her list in an envelope and seal the envelope. Sealed envelopes will be collected by the trainer(s).
10 - 15 Minutes	SUMMARY OF MODULE I

MODULE II

DEFINITION AND DIMENSIONS OF SUPERVISION

SCOPE

Module II is designed to describe and clarify the nature of supervision as a generic task area and delineate the administrative, clinical, and evaluative aspect of supervision.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, the nature and purposes of supervision in drug abuse and other substance abuse programs.
- Illustrate, in writing, the relationships between agency/organizational policies and procedures and the administrative aspects of supervision.
- Illustrate, in writing, the relationships between "Frame of reference" or "Theory of practice" and the clinical aspects of supervision in drug abuse and other substance abuse programs.
- Identify, in writing, five functional behaviors that are included in the role of "Supervisor."

LEARNING ACTIVITIES

• Lecturettes (2)	(25-30 minutes)
• Developing A Frame of Reference Exercise	(30 minutes)
• Case study - individual analysis	(60 minutes)
• Discussion of Case Study - Large Group	(20 minutes)
• Summary of day's activities	(15-20 minutes)
• Assigned readings	(5-10 minutes)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
20 - 30 Minutes Newsprint Markers Tape	LECTURETTE: SUPERVISION DEFINED Purpose • To present conceptual and operational definitions of supervision • To enumerate the general tasks and skill that make-up the role of "Supervisor" • To specify the nature and purpose of the administrative aspects of supervision • To specify the nature and purposes of the clinical (learning/teaching) aspects of supervision Note to Trainer(s) *The content material for preparing this lecturette may be taken from the following articles in the Resource Manual:* *Berl, Fred - "An Attempt to Construct a Conceptual Framework for Supervision." pp.* 7-13 *Holcomb, Emerson - "An Analysis of the Supervisory Job." pp.* 83-87 *Scherz, Frances H. "A Concept of Supervision Based on Definitions of Job, Responsibility." pp.* 27-34 *Eisenberg, Sidney S. "Supervision As An Agency Need." pp.* 15-18 The lecturette should be framed by the following points: • Supervision is a process by which the work of one individual may be planned, directed, monitored, and evaluated by another individual(s) who has designated authority and responsibility to perform those tasks. • Generally, supervision occurs in the context of a hierarchally ordered relationship between two or more individuals in a work organization. • The purpose of supervision are 1) To assure a level of quality in the production of goods or the delivery of service and 2) To assure the conformance of workers to the standards of conduct and performance that are reflected in the established policies, procedures, and rules of a given organization or agency. • The role of "Supervisor" refers to the responsibility and authority given to an individual to plan, direct, control, coordinate, and evaluate the work activities of others. • The responsibility and authority that is associated with the role of "supervisor," in the ideal sense, is inherent in the role rather than the person who occupies the role. • Generally, in production-oriented organizations there is a stronger emphasis on competence as a supervisory characteristic than there is in the human/social

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	• services. This, as a problem is multi-faceted. Note to the Trainer *This problem may be easier to develop and discuss during the delivery of Module III.* • Tasks or functions of supervision - Assuring conformance with agency/organization's policies and procedures - Instigating and/or applying sanctions - Planning - Direction - Monitoring - Evaluation
20 - 30 Minutes Newsprint Markers Tape	LECTURETTE: SUPERVISION FURTHER DEFINED Purpose • To present three aspects of supervision in drug abuse and other substance abuse treatment programs - Administrative - Those supervisory activities related to the general direction, monitoring, oversight, and evaluation of performance against agency/organization policies procedures and rules as standards. - Clinical - Those supervisory activities related to the direction, monitoring, teaching/learning, and evaluation of the direct service activities of a worker, e.g., counselor, against some stated standard of effectiveness. - Evaluation - Those activities specifically designed, in terms of time and process, to evaluate the performance of counselor, to determine level of efficiency and effectiveness. Note to the Trainer *Content material for this lecturette may be taken from the following articles in the Resource Manual:* *Hester, Mary C. "Education Process in Supervision." pp. 19-26* *Hester, Mary C. "Education Process in Supervision."*

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions The following points should be covered: • The nature of supervision tends to vary with the size of the agency/organization. As organizations increase in size they tend to increase in complexity, differentiation, and use of technology. They also tend to develop more elaborate management and supervisory systems. • Drug abuse treatment programs vary from small (two or three person) agencies to large (30 to 40 person) agencies. The supervisory function, therefore, may be performed by the agency administrator in some cases, by a person who also carries a client caseload, or a specialist whose work task is exclusively supervision. • Supervision as a process, however, retains a number of generic elements regardless to the size of the agency/organization or the variations in the job designation of the supervisor. • The policies/procedures and rules of an agency/organization provide the framework and the standards for the administrative aspects of supervision. Note to the Trainer *Elaborate and discuss this point in detail. Use examples to illustrate the processes by which policy/procedures are determined, their purposes, and how they may be changed.* Instructions (cont'd) • The clinical or teaching/learning aspects of supervision are most directly related to the theory, method and processes of direct service delivery. Particularly, in the case of the various forms of counseling. • The clinical aspect of supervision takes place in the context of some specified "orientation," "Theory of Practice" or "Frame of Reference." • Frame of Reference is the term that will be used in this course. Describe the concept of "Frame of Reference" or "Theory of Practice." Illustrate, by example, how each "Frame of Reference" or "Theory of Practice" is based on selected assumptions about the nature of man which lead to assumptions about causes and cures. - A Psychoanalytic "Frame of Reference" assumes the causes of behavior to be located in the intra-psychic experience of the person. Change, under that assumption, occurs as a result of intra-psychic exploration and the development of "insight." 16

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) - A Behaviorist "Frame of Reference" is based on the assumption that all behavior is learned in a system of rewards and punishments. Change, under that assumption, is essentially a problem of unlearning, learning, and reinforcement. - A Functionalist "Frame of Reference" is based in some theory of role. That is, appropriate social behavior (and inappropriate social behavior) is determined by degrees of conformance to role prescriptions of all kinds. Change, under this Frame of Reference, is a result of the person developing a more accurate understanding of the deamnds of his role and a commitment to bring his/her behavior in line with the role expectations. Discuss the need for a common Frame of Reference in clinical practice setting. Discuss the problems that tend to occur when the Frames of Reference used in a setting are incompatable.
20 - 25 Minutes	EXERCISE: DEVELOPING A FRAME OF REFERENCE Purpose • To encourage participants to think about their assumptions concerning the counseling process • To encourage participants to think about what they see as the parameters around and functions of effective counseling • To provide an opportunity for participants to share these thoughts with each other. • To identify these thoughts as constituting a frame of reference for counseling and supervision • To provide participants with a method for defining their frame of reference. (See Lecturette on Developing a Frame of Reference) Instructions Read task from newsprint. Give instructions: each group is to brainstorm and record on newsprint its thoughts on each of the questions outlined on newsprint. Divide group into small work groups (4-6 members); try to use a different grouping from the one used earlier. At the end of the time allotted ask each group to post its newsprint on the walls. Ask participants to walk around the room reading the newsprint generated by the other groups or, if the membership is small, have groups post and read out newsprint.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Re-form the large gorup and lead a discussion noting similarities and differences between the groups' newsprint. Stress the importance of a common frame of reference for counseling between the supervisor and supervisee. Congratulate and thank the participants for their work. Questions What assumptions do you make about clients? What is the purpose of counseling? What are the processes and activities that occur in a counseling situation? What is the role of the counselor? What is the role of the client? What is the outcome derived by the client? What is the outcome derived by the counselor?
15 - 20 Minutes	STAFF DEVELOPMENT Instructions Present a brief statement indentifying the relationship of staff development to agency function. Highlight the following points: • The role of education • The role of training • The role of supervision • The role of evaluation Emphasize that supervision may support any of the four elements listed above. However, it cannot substitute or replace any of them. The learning and teaching functions of supervision are not to be understood as a substitute for formal education and/or training when such a need is identified.
45 - 60 Minutes	INDIVIDUAL EXERCISE - CASE STUDY Purpose • To provide opportunities for participants to apply selected concepts/principles from Module II to a case study • To provide opportunities for participants to study the interrelationships between the various aspects of supervision.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions Ask participants to find the case study, page 143, in their resource manuals. Advise all participants that in the initial portion of this exercise they will review the case as individuals and are not to discuss the case with any other person. Advise participants that the individual analyses will be discussed in small groups (6-8 persons) after the individual work has been completed. Instruct the participants to read the case material. After reading the case material, each participant is to analyze the case in terms of the following components: - Administrative aspects of supervision - Clinical aspects of supervision - Evaluative aspects of supervision (primary) - Agency/organizational policy and procedures - Generalized frame of reference - Recommendations Ask participants to use the space provided to record their analyses. After 45 - 50 minutes have the participants form small groups (6-8 persons, one trainer per group). Each trainer should lead a discussion of the case and the respective analyses.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	DEVELOPING A FRAME OF REFERENCE NEWSPRINT What assumptions do you make about clients? What is the purpose of counseling? What are the processes and activities that occur in a counseling situation? What is the role of counselor? What is the role of client? What is the outcome derived by the client? What is the outcome derived by the counselor?

MODULE III:

THE CONTEXT OF SUPERVISION

SCOPE

Module III is designed to describe and examine those internal and external dimensions of drug abuse treatment systems that shape the character of those systems and, therefore, shape their supervisory processes.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, the relations between the division of labor and the division of authority in drug abuse treatment systems.
- Identify, in writing, three boundary areas that should be given attention in drug treatment systems.
- Describe, in writing, how supervisory styles derive from the history of the organization and the orientation of the "Supervisor."
- Demonstrate, verbally, an understanding of the relationship of supervision to staff development.
- Identify, verbally, three functions of "Leadership" in drug abuse treatment systems.
- Identify, in writing, the four points of a clinical rhombus.

LEARNING ACTIVITIES

- Lecture/discussion, "The Organization and its Environment" (45-50 minutes)
- The Ripple Exercise (role play) (30 minutes)
- Lecture/discussion, "The Clinical Rhombus" (30 minutes)
- The Rhombus Exercise - Individual Activity (30 minutes)
- Lecture/discussion, "Dimensions of Supervision" (45 minutes)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
45 - 50 Minutes Newsprint Markers Tape	LECTURETTE: THE ORGANIZATION AND ITS ENVIRONMENT Purpose • To describe the various historical and contemporary factors that tend to influence the particular character of organizations and shape their supervisory processes. Note to the Trainer *The content material for this lecturette may be found in the following articles in the resource manual:* *Wells, Leroy, "Ten Domains for Understanding Organizations" pp. 69-80* *Newton, Peter M. and Levinson, Daniel J., "The Work Group Within the Organization: A Sociopsychological Approach" pp. 47-68* *Bernard, Sidney E. "Why Service Delivery Programs Fail." pp.37-46* Instructions The Lecturette should include and develop the following points: • The origin and history of drug abuse treatment programs • The major tasks of drug abuse treatment programs • The various cultures that have developed around drug abuse treatment programs • The use of technology in drug abuse treatment programs • The generation, allocation, and utilization of resources in drug abuse treatment programs • The relative effectiveness and efficiency of drug abuse programs • Demographic characteristics of drug abuse treatment program staff and clients • Emphasize how each of the points noted above influence the supervisory processes in drug abuse treatment programs. Particularly as they determine agency/organizational policy and procedures and to a large extent determine the "acceptable" frame of reference • Questions - Discussion
20 Minutes Instruction Sheets (for role-players) Observer Sheets	THE RIPPLE EXERCISE Instructions State that the purpose of the exercise is to give a brief illustration of how they, as clinical supervisors affect the organization that they are part of.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Ask for five volunteers. Give each volunteer an "Instruction Sheet." Clarify questions they may have regarding the instructions but do not answer inquiries about how they are to play their roles. Send the Counselor, the Supervisor, the Administrator, and the Community Member out of the conference room. Remind them that they are not allowed to speak to each other while waiting for their turns to be called back into the room. Begin the exercise by having the Client decide on how he/she is going to deliver and expound on the opening line. Once he/she is ready, call in the next role-player and allow a five minute exchange between this role player and the Client. Once this is finished, call in the next role player and allow another five minute exchange. As each role player finishes playing his/her role, ask him/her to join the rest of the group and give him/her an "Observer Briefing Sheet." Continue with this process until the last role players have conducted their five minute exchange. At the end of the exercise, lead a discussion based on the questions in the "Observer Briefing Sheet." Note to the Trainer *Either the trainer or the group itself may decide beforehand what the Client's opening line should be; however, this opening line should not be made known to the other four role players.* *Sample opening lines are as follows:* *"I slit my wrists last night."* *"I 'shot up' yesterday."* *"I am going to kill my wife/husband/child."* *"If you really want to help me, why don't you go to bed with me?"* *"I am never coming back for counseling anymore."* *The Community Member role should be specified. Sample roles are: Cop, News Reporter, Board Member.* *By departing from the normally expected sequence of the characters (i.e. Client-Counselor, Supervisor-Administrator-Community Member) the exercise may be used to highlight the observation that variations in perceptions/interpretations of situations may be largely influenced by the roles that people assume.*

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
30 Minutes Newsprint Magic Markers Charts	LECTURETTE: SUPERVISION AS ONE ELEMENT OF THE TOTAL SYSTEM Purpose • To identify and clarify the levels on which organizational processes occur • To expand the focus on clinical supervision to include a more environmental and boundary conscious perspective • To focus on the potential for chaos if boundaries within the context of the rhombus are not clear • To establish a framework for viewing clinical supervision as that part of the system which ensures quality control in the conversion (treatment) process • To introduce the complex, varied and parallel nature of the relationships between client, counselor, supervisor and administrator • To demonstrate visually the lines of communication within the rhombus • To stress the importance of feedback ("Closing the loop") • To provide an opportunity for participants to integrate some of the preceeding lecture material into their own experience • To provide an opportunity for participants to identify for themselves some of their concerns and issues with respect to supervision in their agencies • To provide an opportunity for participants to share concerns and issues with each other Organizations can be looked at from several different perspectives: • Intra personal The focus is on the individual and the attitudes, values, emotions and thoughts and motivations that govern each individual's behavior. • Inter personal The interactions which occur between individuals • Group Level The focus is on group life and dynamics which constitute the essence of the organization's (or any sub-system's) climate, culture and internal structure. • Inter-group Level The focus is on the interactions which occur between sub-systems of the organization. • Inter-system Level The focus is on the interactions which occur between organizations. 24

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Definition of an Open System An open system is a collection of parts, (an aggregate of components) that are bound together so that they behave interdependently, thus having a recognizable identity which exchanges energy with its environment Organizational systems should be viewed in terms of being on a continuum from more or less open to more or less closed for indeed there is no example in the real world of a system that is completely open or completely closed. The clinical rhombus is a geometrical configuration representing the relationships between the administrator, the supervisor, the counselor and the client. The rhombus can be utilized to illustrate the characteristics of any system, but specifically in this as they apply to organizations which has treatment functions. Leadership Functions The leadership function is typically served by the administration of the organization. (See Rhombus Diagram). The administration (leadership) carried the organization's history, and defines and/or maintains the organization's primary task. The administration involves itself in these planning activities designed to accomplish the primary task, react appropriately to environmental pressures and ensure the organization's survival. The administration is responsible for the procurement and allocation of the necessary resources to accomplish the organization's primary task. The administration must organize and coordinate the staff in terms of delegating tasks and division of labor. Further, the administration monitors overall functioning by establishing policies and procedures and by overseeing internal boundaries. The administration has the major responsibility for managing external boundaries. The leadership of an organization enforces policies and adherence to procedures either by direct use of authority through sanctions or indirectly by delegating some of that authority to others within the organization. Because the administration represents the ultimate authority within the organization, the administration by virtue of its leadership function is a major determinant of the organizational climate and different administrative styles will necessarily create differing organizational climates.
10 Minutes	THE CLINICAL RHOMBUS AS AN ELEMENT IN A TREATMENT SYSTEM OR SUPERVISION AS ONE ELEMENT OF THE TREATMENT SYSTEM
20 Minutes	IDENTIFYING THE CLINICAL RHOMBUS IN YOUR ORGANIZATION Instructions State that the purpose of the activity is to show how every participants' job as a supervisor is part of, and affects, the overall treatment system of the agency.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Have the participants form triads that they will work with during the discussion portion of the activity. Note to the Trainer *Make sure that participants with direct reporting relationships are assigned to different triads.* Ask the participants to complete page 145 of their Resource Manual Input There are several ways of differentiating the various kinds of input that come into the organization. Within the context of the clinical rhombus, the administrator, supervisor and counselor bring their various talents, skills, attitudes and values. In order to do their work they need material resources, (i.e. paper, desks, machines, physical plant, etc.) as well as ideas and information. The structures that provide this kind of input must be in place before the organization can begin to do its work with the primary (or signal) input i.e. the client. Without clients as input, the organization cannot fulfill its clinical function. The client brings his/her self, concerns, presenting problems, personal resources, attitudes, values, etc. Throughput This represents the conversion process which transforms the signal input into some output. Within the context of the clinical rhombus the conversion process corresponds to therapy, treatment or counseling. The task of the supervisor is to monitor the therapeutic relationship, enhance and develop the counselor's clinical skills and through the supervisory process provide the 'quality control' mechanism which ensures that the conversion process proceeds effectively as defined by the primary task. Output The product or desired outcome which the organization returns to the environment in an altered, changed or improved form. Boundaries • Demarcations that distinguish inside from outside: e.g. members from non-members; systems from non-systems • Have two (2) functions: 1. separating 2. transactional External Boundaries are selectively permeable (permeability is the ease with which energy/matter is exchanged between the environment and the system; selectively relates to deciding what kinds of energy and which materials will be allowed to enter the system.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Boundaries (cont'd) Internal Boundaries can be flexible: • Time • Task • Turf • Technology • Membership/culture • Internal structure Boundaries of a system may be looked at in terms of being: • Overbounded • Underbounded Feedback external feedback loop - the process by which information is obtained from the environment which allows the organization to assess how the environment is receiving its output and determine how it can best respond to environmental demands. internal feedback loops - the process by which information is obtained about the internal functioning of the organization which allows the leadership to assess the effectiveness of its conversion process in producing the desired out-put. Note to the Trainer *If the organization does not utilize feedback loops, it will have no way to assess the appropriateness of its input, the effectiveness of its conversion process and the utility of its output and therefore risks termination i.e. death.* DIMENSIONS OF SUPERVISION Purpose • To describe in more detail the tasks and functions involved in the supervisory process Negotiating Performance Objectives Supervision must include negotiation of performance objectives with the counselor in order to clarify the work around which the counselor will be evaluated, and to ensure the counselor's investment in the supervision process. Assessment of Skills The supervision process is one in which the counselor's skills are assessed and areas of strength and difficulty identified. Again when areas of difficulty are identified the process whereby those difficulties can be minimized must be negotiated with the counselor. 27

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Generic Counseling Skills The process is one in which the generic counseling skills are a major focus. One of supervision's aims is to model these skills for the counselor within a particular frame of reference. Organizational Issues Supervision must take place in a manner that is consistent with the organization's policies and procedures and the style of supervision is one of the determinants of the climate of the organization. Record-Keeping In order for supervision to be consistent, records of decisions and accounts of behavior must be kept. Continuity of performance is also to a large degree dependent on the efficacy and relevance and consistence of the records kept. Use of Time One of supervision's aims is the appropriate management of time as related to the work and as related to staff development. Staff burn-out is often a result of mis-management of time. Case Management Assignment of cases, i.e. determining the size and difficulty of case loads is a responsibility of the clinical process, as well as consistent monitoring of the treatment process. Treatment Planning One of the aims of supervision is to determine over-all where there are organizational gaps in the planning process and to devise ways of filling those gaps. The supervisor is responsible, as well, for monitoring appropriate treatment plans for each client. Use of Outside Agencies and Resources When gaps in service are identified which the agency is unable, or unwilling to fill, outside resources should be identified and utilized. The supervision process is one that can identify those gaps and familiarize counselors with additional resources both in terms of the counselor's own learning and development and in terms of client centered service delivery. Learning Patterns The supervision process is one in which learning patterns and problems are identified and strategies developed for facilitating the counselor's learning.

MODULE IV

THE SUPERVISORY PROCESS

SCOPE

The purpose of this module is to specify and describe the primary elements in the supervisory process. Attention is given to supervisory process in the administrative and clinical aspects of supervision, evaluation and the criteria for evaluation, the supervisory interview, and management by objective as a method of structuring the supervisory process.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, three elements in the clinical aspects of supervision.
- Describe, in writing, three elements in the administrative aspects of supervision.
- Specify, in writing, the purpose of formal evaluation in supervision.
- Identify, four conditions that any criteria for evaluation should meet.

LEARNING ACTIVITIES

- Lecturette - "Teaching and Administrative Aspects in the Supervisory Process" (30 - 40 minutes)
- Exercise - "Draw-A-Bridge" (15 - 20 minutes)
- Lecturette - "Management by Objectives (MBO) and the Supervisory Process"
- Exercise - "Writing Performance Objectives" (individual exercise 30 - 40 minutes)
- Small group exercise - Presentation and Evaluation of Performance Objectives

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
30 - 40 Minutes Newsprint Markers Tape Resource Manual	LECTURETTE: TEACHING AND ADMINISTRATIVE ELEMENTS IN THE SUPERVISORY PROCESS Note to the Trainer(s) *Content material for this lecturette may be found in:* *Holcomb, Ernest "An Analysis of the Supervisory Job" pp.83-86 Supervision Resource Manual.* Instructions The presentation should include the following points: • The clinical or teaching aspects of the supervisory process should focus on 1) scientific thinking, 2) experimentation, 3) consultation, 4) direction and a plan for monitoring the work and development of those counselors under supervision • The administrative aspects of the supervisory process should focus on intergration of the counselor's work and other work-related activities into the over-all goals of the agency/organization. Specific administrative elements such as; implementation, integration, participation in policy making, assessment of community needs and promotion of inter-agency relationship. • Evaluation is an integral part of both the clinical aspects of supervision on one hand, it is a constant in the supervisory process and the basis of day-to-day decisions made by supervisors. • However, evaluation as a designed acitvity should be conducted at specified points in the supervisory process for the purpose of making decisions about promotion, salary, re-assignment or termination. • Evaluation and the criteria for evaluation is most useful and manageable when they conform to the following conditions: - They are an expected part of the work experience. - They are known by all parties prior to being used. - They have been determined by mutual agreement whenever possible. - They are clearly and directly related to the work of the counselor in a way that may be specified. - When they carry sanctions, the level of sanctions should be known to all parties. - They should be consistently used and revised when the need is indicated. - The evaluation process and criteria themselves should be subject to periodic evaluation to assure that they continue to meet their stated objective(s).

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	• Supervision as a planned process usually takes place in what is referred to as the "Supervisory Interview." As will be shown in Module V, there is a various context in which supervision may take place. However, the most frequent context in drug abuse and other substance abuse treatment programs is the two person (supervisor-supervisee) configuration. • The supervisory interview is most useful and manageable if the following structural and interactional conditions are observed: - The interview is structured in terms of time, place, purpose and participants. - The interview is a regular occurance that supervisor and supervisee view as more or less, formal, purposive and directly related to the tasks and goals of the agency/organization. - The interpersonal processes and their influence on the interview process are unavoidable. However, attempts should be made to reduce the influence of interpersonal processes in the supervisory interview. Note to the Trainer(s) *Emphasize - the supervisory interview is framed by individuals in specified work related roles and in a subordinate-supra-ordinate relationship.*
15 - 20 Minutes Newsprint Markers (preferably of varied colors) Tape	DRAW-A-BRIDGE - Exercise Instuctions Divide the group into small work groups (4-6 members each) Tell them that their group task is to draw the best bridge that they can draw using newsprint and makers. Select one person from the large group to act as the "judge" and inform the participants that after they have drawn their bridges, the "Judge" will select one drawing to proclaim the "Winner." As soon as the Judge is selected, send him/her out of the conference room. Instruct the group to complete their bridges within 15 minutes. Clarify the instructions if necessary, but do not answer questions related to how the groups are to draw their bridges. While the groups are working on their task, brief the Judge on how he/she is to play the role. Instruct him/her that his/her task is to choose one bridge as the Winner; however, the basis of his/her choice should be a standard that the participants least expect him/her to use. Example: Standard - the "best" bridge is that bridge drawn with green ink. Reason - "I like the color green." At the end of 15 minutes, have the groups post their bridges side-by-side.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Have the Judge select the Winner. Allow the group to question the judge about the basis for his/her choice. Expect the participants to express frustration over the Judge's standards and explain that producing frustration really was the objective of the exercise. Explain to the group that the purpose of the exercise was to make them experience how counselors feel when their work performance is evaluated against standards which are ambiguous, arbitrary, and above all, not communicated to them ahead of time.
30 - 35 Minutes Newsprint Markers Prepared examples of Pert and Gantt charts on newsprint or as hand-outs	LECTURETTE: MANAGEMENT BY OBJECTIVES AND THE SUPERVISORY PROCESS Instructions The presentation should cover and elaborate the following points: • Management by objectives (MBO) is a method of planning, direction, control and evaluation of selected work processes and outcomes. • MBO is most useful in those work organization and enterprises where the relationships between work activity and product or outcomes may be specified, i.e., business or production oriented work organizations. However, the logic underlying the principles of MBO may be applied to human service organizations as well. • MBO is a method of work task(s), determination, specification of objectives, estimating the time and resources (human and others) necessary for completion of the work task(s). • A major value of MBO in human service agencies/ organizations is the collaboration that is required between workers and supervisors (in some cases other levels of management may be involved in the MBO process) in determining objectives, tasks, time, and standards for the work. • MOB, therefore, provides the worker (counselor) a clearer perspective of his/her overall task area, the opportunity to plan his/her work to fit the needs of the agency and to some extent the workers own needs and capabilities. • MBO allows the supervisor to plan and predict more accurately the flow of the work of counselors, assures a higher level of committment of workers to work tasks, and allows the supervisor to locate accountability.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) • The key element in the MBO process is the performance objective. Theoretically, the primary task(s) of any work organization may be divided into specific tasks areas (i.e., in a drug abuse treatment program, two primary tasks may be 1) to provide treatment for persons known to be drug abusers and 2) to provide services designed to prevent other persons from becoming drug abusers). • The performance objective is a statement that identifies and specifies a goal that exemplifies some portion of a primary task area. It usually includes a statement of the operations and resources needed to meet the objective. • Organizations have primary tasks and may generate performance objectives, sub-systems or units, e.g., counseling components, may also have primary tasks and may generate specific performance objectives. Note to the Trainer(s) *It may be helpful to give examples of performance objectives. Give at least one that reflects the administrative aspect of supervision and one that reflects the clinical aspect of supervision.* Instructions (cont'd) • Performance objectives may be directly related to agency policy/procedures and flow from top level administration or they may be developed at the supervisory level. Regardless to where an objective is initiated they are subject to a process that includes negotiation, planning and accountability. • There are two common forms that are useful for charting and recording activity on a given performance objective. These are: - Program Evaluation and Review Technique (Pert) The Pert chart is a form for identifying the time, resources, and activity that is necessary for completion of a given performacne objective of tasks. Note to the Trainer(s) *It may be useful to give an example at this point. Emphasize that the Pert form for MBO is only useful as a tool after the performance objective(s) have been negotiated or determined.* Instructions (cont'd) - Gantt Charts - This form of charting for MBO process takes its name from its designer. This chart serves essentially the same purpose as the Pert chart. However, it places more emphasis on time frames and time lines. While the emphasis in Pert charts is on activity start and completion points.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
10 - 15 Minutes	SUMMARY - QUESTIONS AND DISCUSSION
30 - 35 Minutes	EXERCISE: WRITING PERFORMANCE OBJECTIVES
Lined paper Pencils Newsprint Markers	Instructions State the purpose of the exercise as: • To allow participant to demonstrate their knowledge of the MBO process, their ability to conceptualize and write a performance objective, and their ability to use a Pert or Gantt chart to specify the work tasks and time associated with completion of the performance objective. • Explain to the participants that the purpose of the activity is for them to practice writing performance standards that are specific, observable, consistent and attainable. • Instruct the participants to write down two performance standards against which they will evaluate the work performance of their counselors.
15 Minutes	DYADIC SHARING/EVALUATION OF PERFORMANCE STANDARDS Instructions Ask the participants to select a partner they would like to work with. Inform them that their task is to critique each other's performance standards using the criteria of specificity, observability, consistency, and attainability. Lead a discussion on the results of the dyadic sharing activity.
15 Minutes	BREAK SUMMARY OF DAY'S ACTIVITIES ASSIGNMENT OF READING FOR MODULE V

MODULE V

MODELS, METHODS, AND TOOLS FOR SUPERVISION

SCOPE

This module focuses on the models, methods, and tools for supervision. It includes discussions and exercises that illustrate the form and processes in:

- Dyadic/Tutorial Supervision
- Group/Tutorial Supervision
- Peer Supervision
- Tandem Supervision
- Consultation As Supervision
- Tools for Supervision

OBJECTIVES

Upon completion of this module, participants will be able to:

- List at least three methods through which a supervisor receives information needed to perform the work of supervision.
- Identify two factors that influence/determine a supervisor's choice of the kinds of tools and strategies to be used for supervision. Orally describe how each factor influences this choice.
- Name one model of supervision and write down two reasons why an agency would choose to operate within this model.
- Identify, in writing, four tools for supervision and state the aspects of supervision for which each is most appropriate.

LEARNING ACTIVITIES

- Lecturette - "Differential Supervision" (30-35 minutes)
- Small group activity - "Brainstorming Models of Supervision" (40 minutes)
- Lecturette - "Methods of Supervision" (30-40 minutes)
- Lecturette - "Tools for Supervision" (20-25 minutes)
- Exercise - "The Tool Kit" (25-35 minutes)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
30 - 35 Minutes Newsprint Markers Tape	LECTURETTE: MODELS OF SUPERVISION Note to the Trainer *The content material for the lecturettes in this module may be found in:* *Watson, Kenneth W. "Differential Supervision" pp.125-134 Resource Manual* *Aptekar, Herbert H. "Record Writing for the Purpose of Supervision" pp.89-94 Resource Manual* *Burill, George C. "The Problem Oriented Log in Social Casework" pp.99-104 Resource Manual* Instructions Link models of supervision presentation to the earlier discussions of "Frame of Reference." Identify the factors that influence choice of model for supervision. Have participants brainstorm the strengths and weaknesses of the various models. Highlight the fact that no one model is the ideal. Rather, choice of model is based on "Frame of Reference," resources available, agency function, etc.
40 Minutes Newsprint Tape Markers	SMALL GROUP ACTIVITY ON MODELS OF SUPERVISION Instructions State that the prupose of the activity is to give the participants a closer look at the different models of supervision and to allow them to examine each model's purposes, elements, advantages and disadvantages. Divide the membership into small work groups (4-6 members each) Assign each group to work on one model of supervision and to brainstorm on answers to the following questions: 1. What are the unique characteristics of this model of supervision? 2. When (under what conditions or in what situations) is it most appropriate to use this model of supervision? 3. What are the advantages and disadvantages to using this model of supervision? Have each group record their ideas on newsprint. Reconvene the membership and ask a representative of each small group to explain the group's ideas to the large group. Ask for comments on the "Differential Supervision" article.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
20 - 25 Minutes Newsprint Markers Tape Resource Manuals	LECTURETTE: TOOLS FOR SUPERVISION Instructions Include the following points: • The term "tools" as used here refers to the various instruments, structural arrangements, technological aids, or other means that may be used by the supervisor to secure the information necessary for supervision. • The tools include: - The interview - The process recording - The case log - Verbal reports - Audio recordings - Video recordings - Direct observation - The anecdotal log - The case conference - Staff meeting - Memoranda - Others • The process of counseling, particularly the dyadic form, is generally thought to be influenced by the presence of a third party (supervisor). • The observation of the counseling process is usually indirect, e.g., by recordings of one form or another. • Therefore, the tools for getting the information needed for the administrative aspects of supervision tend to be different from those that are most appropriate for the clinical aspects of supervision. Give examples of the tools that are most appropriate for each of the aspects.
25 - 35 Minutes	EXERCISE: THE TOOL KIT Instructions Divide participants into two groups. Assign each group to a separate room with a trainer. List the tools noted above on newsprint for each group.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Ask each group to brainstorm the list and note the strengths and weakness of each tool and the aspects (administrative or clinical) of supervision for which each tool is most appropriate. Reconvene the participants in a large group and review the work of each of the small groups. SUMMARY OF MODULE V

MODULE VI

CONSIDERATIONS IN SUPERVISION

SCOPE

This module presents selected concerns and issues that should be given attention in the supervisory process and the supervisory relationship.

OBJECTIVES

Upon completion of this module each participant will be able to:

- Specify, in writing, the oral model for feedback.
- Identify, in writing, four demographic or psychological factors that may influence the supervisory interview process.
- Identify, in writing, three behaviors of an effective supervisor.
- Specify, in writing, three problems that typically occur in the clinical aspects of supervision.
- Specify, in writing, three problems that typically occur in the administrative aspects of supervision.

LEARNING ACTIVITIES

- Lecturette - "The Supervisory Interview" (20-25 minutes)
- Lecturette - "Problems in Supervision" (20-25 minutes)
- Exercise - "Brainstorming 'Games' in Supervision" (20-25 minutes)
- Assigned reading (5-10 minutes)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
20 - 25 Minutes Newsprint Markers	LECTURETTE: THE STRUCTURE AND PROCESSES OF THE SUPERVISORY INTERVIEW Purpose This presentation is designed to illuminate the wide array of demographic factors, psychological factors, such as perceptions, attitudes, values, expectations and motives, which influence the client, counselor and supervisor as they interact with one another in the client-counselor relationship, as well as in the supervisor-supervisee relationship. This section is devoted to such issues as age, race, socio-economic status, professional vs. paraprofessional status as the individuals' stereotypes, values, and attitudes impact the above actors view and understanding of one another's concerns and behaviors. It should be pointed out that it is of great importance for the counselor and supervisor to know themselves and understand their own stereotypes and tendencies to values, so that they are less prone to impose their views onto their clients or supervisees. It is imperative, as well, that the counselor and supervisor have a clear working understanding of the particular culture of those people whose learning they are attempting to facilitate. The Supervisory Interview The supervisory interview is a focused, structured communication which has a purpose. The structure includes: • Introduction - includes climate-setting, physical arrangement of room agenda-setting for the session • Middle (development, teaching) - the actual supervisory process, (i.e. teaching/learning issues, administrative tasks) • Termination (review) Summary of interview. Assignments of tasks, (learning tasks, administrative tasks). Setting of agenda for next meeting...what kinds of learning will be dealt with and what strategies will be employed to facilitate the supervisees learning. Three Important Characteristics of an Interviewer 1. Acceptance • Rejecting/Supporting 2. Bias • Unbiased/Biased 3. Relevance • Irrelevant/Relevant The expectation is that the interviewer will work toward achieving maximal acceptance of client, minimal bias, and maximal reference to the supervisory tasks at hand.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions Present a statement on interviewing skills using the charts as an outline. • Use descriptive examples Present a statement on background characteristics. • Stress that the particular backgrounds brought to the supervisory interview by both the supervisor and supervisee are a vital factor in the interviewing process and must be taken into account. • Give examples of how differing backgrounds might effect the interview. • Point out some culturally based behaviors that might be expected from individuals from particular ethnic or cultural backgrounds. • Stress that the particular backgrounds of the supervisor and supervisee will also effect their individual perceptions depending on the client's particular background. • Give examples of how this three-way interaction (client-supervisee-supervisor) might be effected by varying background characteristics, e.g., male client, female supervisee, male supervisor. Present statement on feedback using the charts as an outline. • Demonstrate several examples of feedback. • Point out what types of responses are not acceptable as feedback. • Stress that giving feedback in the particular way outlined, optimizes the chance of being heard. Invite questions and respond.
15 Minutes	LECTURETTE: INTERVIEWING SKILLS/FEEDBACK EXERCISE: DYADIC INTERVIEW/FEEDBACK Instructions State that the purpose of the exercise is to have the participants practice the skills of interviewing and giving feedback on a partner. Have them select a partner. Explain the instructions for the exercise. • Each person will interview the other for five minutes using the skills and techniques for effective interviewing. • At the end of the interviewing period, the interviewee will give the interviewer feedback on his/her interviewing skills following the ORAL method of giving

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
10 Minutes	feedback. Feedback period should be no longer than five minutes. • Partners then reverse roles. <u>Discussion on Exercise</u> Reconvene the group and encourage the participants to share their "success stories" and difficulties.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE

SUPERVISORY SKILLS — NEWSPRINT

Major Factors Incluencing the Interview Process

Supervisor	Supervisee	Client
Background Characteristics	Background Characteristics	
Age	Age	
Education	Education	
Socioeconomic status	Socioeconomic status	
Race	Race	
Religion	Religion	
Sex	Sex	
Etc.	Etc.	
Psychological Factors	Psychological Factors	
Perceptions	Perceptions	
Attitudes	Attitudes	
Expectations	Expectations	
Motives	Motives	
Behavioral Factors	Behavioral Factors	
Errors in asking questions	Responses to questions	
Errors in probing	(adequate/inadequate)	
Errors in responding	(accurate/inaccurate)	
Errors in recording	(appropriate/inappropriate)	
	(consistent/inconsistent)	

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	FEEDBACK NEWSPRINT A Definition Feedback is an overt response, verbal or non-verbal, which gives specific information to a person about how his/her behavior in a particular situation affects someone or something. The Objective of Giving Feedback To transmit reliable information so that persons receiving it may establish a data bank from which to change their behavior if they choose to do so. Guidelines for Giving Feedback 1. Descriptive not Judgemental 2. Specific rather than general 3. Timely not distant 4. Serves giver and receiver 5. Directed toward changeable behavior 6. Is not an overload 7. Check how it is heard 8. Solicited not imposed 9. Check with group 10. Given to be helpful

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	FEEDBACK — NEWSPRINT I feel that . . . I feel as if . . . I feel you are . . . — THINKING I feel like . . . My opinion is . . . My judgement is . . . My guess is . . . — THINKING My fantasy is . . . — INTERPRETING

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	FEEDBACK NEWSPRINT **ORAL Model for Giving Feedback** Observe (Use eyes and ears for collecting data) Report (As would a tape recorder) Assume (Share a guess, hunch, fantasy about what the data means) Level (Share your feelings about how the data impacted you) **Steps in Giving Feedback** 1. When I saw you do . . . or When I heard you say . . . 2. I assumed . . . 3. and I felt . . . **Words that differentiate feeling from thinking** I feel . . . happy excited sad FEELING angry afraid lonely

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	TEACHING BLOCKS OR HOW TO DECREASE YOUR EFFECTIVENESS Purpose • To encourage participants to examine things that they have done or seen others do to block their own effectiveness as guides and/or teachers • To illustrate the parallel relationships between client/counselor and counselor/supervisor • To provide participants with information on supervisory styles Instructions Read instructions from chart and tell small groups to record on newsprint. Break membership into small groups from last exercise. Check for clarity of instructions. When the allotted time has expired, ask a representative from each group to report to the membership from the newsprint. Note the similarities and differences between the two teaching situations. Use examples from chart "problematic supervisory teaching patterns" if groups do not generate enough material. Congratulate the participants on their work.
45 Minutes Newsprint Markers Tape	SMALL GROUP ACTIVITY: IDENTIFYING LEARNING BLOCKS Instructions State the purposes of the activity. Form small work groups (4-6 members each). Try to group together participants who have not yet worked with each other. Explain the group's task. • To brainstorm on "games" that clients play with counselors that block or inhibit the clients' learning, growth and self-awareness • To brainstorm on "games" that counselors play with supervisors that block or inhibit the counselors' learning, growth and self-awareness • To brainstorm on "games" that you play/used to play with your supervisees and your administrator, that block or inhibit your learning, growth and self-awareness. • Record these responses on newsprint. After about 30 minutes, reconvene the group and ask a representative of each group to explain the group's list of games.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Lead a discussion on the common blocks to learning. Highlight the similar ties between client vs. counselor games and counselor vs. supervisor games.
45 Minutes	SMALL GROUP ACTIVITY: IDENTIFYING TEACHING BLOCKS Instructions State that the purpose of the activity is to encourage participants to examine the things that they have done, or seen others do that block their effectiveness as teachers or guides. Regroup the small work groups formed in the last exercise. Explain the group's task: • To brainstorm on "games" that counselors play with clients that hamper their effectiveness as guides • To brainstorm on "games" that supervisors (themselves included) play with counselors that hamper their effectiveness as teachers/guides. • Record these responses on newsprint. After about 30 minutes, reconvene the group and ask a representative of each group to explain the group's list of games. Lead a discussion on the common blocks to teaching. Again, highlight the similarities between counselor vs. client games and supervisors vs. counselor games. Problems of Learning Blocks in Relation to Supervision 1. Denial • An attempt to reduce everything to the familiar 2. Submission • Imitation of supervisor • Being beaten • Mea Culpa • "Learning" too quickly • Learning by spoon feeding • Acting as a receptor, not an initiator 3. Supervision has too many conflicting interests • Avoidance 4. Supervision inhibits "my spontaneity" 5. Conversion of supervision into therapy

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	6. Re-defining the relationship into friendship • Two vs. the agency • Problem with evaluation Learning Problems in Relation to the Client 1. Overidentification with the Client • Has trouble establishing real differences between help-giver and help-seeker 2. Swinging between extremes following supervisory sessions 3. Too accepting of Client's trusting dependence 4. Attempts to control the Client • Outguessing him/her • Putting thoughts into the Client that are not his/hers • Preconveiving and prestructuring the case 5. Behaving in certain ways towards the Client without communicating understanding 6. Chronic Skepticism 7. Need to stay uninvolved • Be objective 8. Counselor Needs vs. Client's Needs PROBLEMS IN TEACHING Purpose • To familiarize participants with the effect that various supervisory styles can have on the supervisory situation • To define some additional problems that supervisors and supervisees have to overcome to facilitate learning Instructions Present lecturette on supervisory styles. • Give examples for each style Invite questions from the membership and respond. Exercise Looking at the things we do ("games" we play) as guides and teachers that block growth and/or learning:

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Exercise (cont'd) • Brainstorm "games" that counselors play with clients that hamper their effectiveness as guides. (Counselor vs. Client) • Brainstorm "games" that supervisors play with counselors that hamper their effectiveness as teachers. (Supervisor vs. Counselor) Think about the games you've played yourself. PROBLEMATIC SUPERVISORY PATTERNS 1. Disagreement always viewed as resistance. "I wonder why you said that?" 2. Pulling rank when threatened. 3. "Busy" ness as an avoidance of supervision. 4. Behaving as a surrogate counselor via the counselor. • Need to control • Need to do counseling 5. Keeping emotional distance from supervisee. Pretreat into the theoretical cognitive realm when unsure 6. Pretense of friendship • Supervisor separates him/herself from administration instead of using structure appropriately. • Blaming administration for unpleasant tasks, i.e. evaluation
10 - 15 Minutes	SUMMARY OF MODULE VI

MODULE VII

SKILL-BUILDING AND APPLICATION

SCOPE

Module VII is designed to provide each participant with opportunities to practice selected supervisory skills and to apply selected supervisory principles to simulated situations.

OBJECTIVES

Upon completion of this module each participant will be able to:

- Demonstrate, in practice, the ability to conduct a simulated supervisory interview.
- Demonstrate, in practice, the oral method of giving feedback.
- Demonstrate, in writing, to write a process recording of a brief supervisory interview (simulated).
- Demonstrate, in practice, the ability to critique and evaluate a process recording produced by another participant.
- Demonstrate, in practice, the ability to participate and contribute in a small group evaluation of the work of one other participant.
- Demonstrate, in practice, the ability to use at least three methods of getting information around which supervision may occur.
- State, orally, the extent to which his/her expectations for the supervision course have/have not been met.
- Complete the posttest at the level of 75 percent correct or above.

LEARNING ACTIVITIES

- Small skill-building groups
- Interpersonal process recall
- Simulation - "The Client Writes a Record" - I
- Simulation - "The Client Writes a Record" - II
- Large group review
- Course summary and discussion
- Posttest
- Closing exercise

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
30 - 35 Minutes Newsprint Markers Tape Individual meeting rooms for each small group (6-8 persons)	PRESENTATION: INTRODUCTION TO SMALL GROUP FORMAT AND INTER-PERSONAL PROCESS RECALL (IPR) Instructions Assemble participants in a large group. Describe and explain the small group format that is to be used for this portion of the course. Divide the participants into small groups and assign each group to a meeting room. Assign one trainer to each group. Note to the Trainer(s) *The content specialist may be assigned to a group if no trainer is available. If the IPR Process is to be used, and only one video system is available, trainers may alternate the training activities, e.g. one group does IPR, while the others do "The Client Writes a Record I" or "The Client Writes a Record II."* Instructions (cont'd) Ask for questions - direct groups to move to their respective meeting rooms.
20 - 25 Minutes Newsprint Markers Video-Tape Recorder(s) Camera(s) Projection Screen(s) TV Individual meeting room for each group Resource Manuals	Present lecturette on the small group format and the applications process. • Explain that the small group will retain the same participants for the remainder of the training event. • Emphasize the skill-development aspect of this part of the program. • Specify the kinds of "back home" situations that will be used as application material. • Specify the consulting role that each participant may be asked to play to the respective groups. Divide participants into small groups (6-8 members) and assign each group and one trainer to a meeting room. Note to the Trainer(s) *Where there is insufficient video equipment for more than one group at a time or where it is not available at all, the "Client Writes a Record" simulations may be used as substitutes.* *When small groups have assembled in their respective rooms, it may be conducive to the learning climate to conduct a brief climate setting exercise (5-10 minutes)*
1 Hour, 15 Minutes	Interpersonal Process Recall (small groups)

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
50 - 60 Minutes Newsprint Markers Pencils Three (Legal Size) Pads	"THE CLIENT WRITES A RECORD" - I Purpose • To provide an opportunity for participant to practice observation and recording the process and content of a brief interview • To study the degree to which the records of an interview between two parties and observed by a third party, can be seen as an accurate report of what happened in the interview Instructions Divide the participants into groups of three. (If necessary one trainer may be used to complete a group.) Assign, by lot, each member in each group one of three roles. (client, counselor, or supervisor) Have the small groups find space sufficient for the counselor to interview the client for fifteen (15) minutes about any aspect of the client's life that is problematic at this time. (No one is allowed to write anything down, state that this norm is to assure confidentiality.) The supervisor in each group is to observe the interview but may not contribute to it in any way. At the end of fifteen minutes have all participants reassemble in a large group. Instruct each participant to write a record of what (content/process) occurred during the respective interview. The writing of the respective records is an independent task. Participants should not talk with each other while completing this part of the exercise. Have the small groups (client, counselor, supervisor) meet together to discuss the respective recordings. Emphasize that the variations between the recordings are the objects of study. Have groups reassemble and list on newsprint the variations that were found between the records produced in each group.
1 Hour, 15 Minutes Newsprint Markers Tape Counselor Competency Behaviors Scale Video-Tape System	"THE CLIENT WRITES A RECORD" - II Instructions Have the small groups of client, supervisor, counselor, meet again in small group as a second interview around the same problem. Have each "counselor" conduct an interview with the "client" (15-20 minutes) Provide each supervisor with a copy of the "Counselor Competency Behavior Rating Scale"

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
	Instructions (cont'd) Instruct the "supervisor" to observe and rate the "counselor" on the behaviors indicated on the rating scale. Have the "supervisor" share his evaluation of the "counselor" with other members in the group. Note to the Trainer(s) *An alternative procedure is to tape (video-audio) a number of simulated interviews of participants interviewing each other in roles of "client" and "counselor." Provide Counselor Competency Behavior Form for all participants and have them observe the taped interviews and evaluate them using the dimensions on the scale.* Instructions (cont'd) Highlight the use of the scale as an evaluative tool for Supervision.
20 - 30 Minutes	SUMMARY DISCUSSION "The Role of the Clinical Supervisor" • Evaluation • Teaching • Planning • Support - (Emotional and Organizational) • Oversight • Monitoring • Management Note to the Trainer(s) *Present a brief lecturette describing each of the elements listed above and their relationships to each ohter and the supervision process.* *Highlight evaluation as a first task of the supervisor and a periodic task throughout the supervisory process.*
20 - 30 Minutes	Review each of the goals of the supervision course and, from the perspective of the trainers, the extent to which the goals were met. • Invite participants to give their opinions/judgements of the extent to which the goals of the course were met. • Have participants open sealed envelopes that they submitted at the beginning of the program to aid discussion.

TIME/MATERIALS	TRAINER ACTIVITIES OUTLINE
45 Minutes	Administer Post test Distribute other evaluation forms. Collect completed post tests and other evaluation forms. Closing Exercise.

SUPERVISION

CASE STUDY

BACKGROUND

Equinox is a moderately large substance abuse treatment program in Foursquare, Illinois. The agency provides individual, group, and family counseling for persons having problems with illicit drugs (marihuana, cocaine, heroin, synthetic compounds, and snuff) and individuals having problems as a result of abuse of alcohol. The agency also conducts an active outreach program with a two-fold purpose: 1) to identify potential clients and 2) to engage in primary prevention activities.

The agency is staffed by thirty persons including: ten counselors, two supervisors of counselors, four intake workers, four outreach workers, sever clerical support staff, two deputy directors, and an executive director.

The agency is located in a building that was previously used as an elementary school. The building is centrally located near the center of the city and is surrounded by an area zone D, mixed-commercial. Most of the clients served by the agency live within a radius of 1.4 miles of the agency.

Equinox, as an agency, is the result of the merger of Silenus House (primarily a drug treatment program) and Wine Valley (a program for alcoholics and pre-alcoholics). In 1974 the Foursquare United Fund experienced an exceptionally poor fund drive. As a result there was an attempt to continue service to both groups of clients and at the same time reduce the excessive cost of supporting two separate programs. The policy-making board of Equinox, the new agency, was formed by appointing one-half the members from the boards of Silenus House and Wine Valley as the Board of Directors.

Equinox is funded by a public-private mix of direct grants. Two-thirds of the funds come from private sources. The remaining third comes from federal grants allocated by the state of Illinois. The current operating budget for Equinox is $400,000 per year. No fees are charged for any services provided by Equinox. As of July 1, 1978, 113 clients were receiving direct services (counseling) from Equinox. Six families were receiving ancillary services, and two small outreach-prevention programs were operational as of July 1, 1978.

PRESENT STATUS

When Silenus and Wine Valley merged, the Directors of both programs became Deputy Directors at Equinox. The person selected as the Director was a man who had previously served as a Deptuy Director in the local department of social services. The counselors from Silenus House tended to have a minimum of academic training and a great deal of experience with drug abuse, its related areas, and in counseling. The Wine Valley Counselors, on the other hand, tended to have a great deal of academic training, and less experience with alcohol abuse, its related areas, and counseling. Both supervisors of counselors were university trained with five and six years, respectively, in counseling and supervision.

COMMENTARY

The merger of any two organizations is fraught with problems. The merger of Silenus and Wine Valley was no exception. It can be said that these two organizations were very close to being opposites. They differed, in history, in management, in predominant frame of reference, in climate and general policies/procedures.

This record describes only one of the problems experienced at Equinox. The focus here is on a general problem of supervision. Particularly as it relates to smooth operation of the agency and the delivery of effective service.

CRITICAL INCIDENT

On September 1, 1978 Equinox instituted a methadone maintenance program. The Program was started as a result of the closing of a similar program in another part of the city. Equinox

also instituted a policy of requiring all methodone clients to participate in individual or group counseling programs at Equinox. This situation caused a dramatic rise in clients coming to the agency with drug-related problems. Previously the five counselors from Silenus served drug abuse clients who came to Equinox and clients with alcohol problems were served by the counselors from Wine Valley. This division was not a part of a formal policy. Rather, it seemed to be by assumed preference and convenience.

THE PROBLEM

The board met and established a policy that counselor caseloads should be as equal as possible. Further, the board established that clients should be assigned to counselors without regard to the nature of their problem (alcohol-related or drug-related). Supervisors were also advised that the counselors would be reassigned so that each supervisor would have former counselors from Silenus and Wine Valley and that the agency would operate from a single frame of reference for counseling. The specific frame of reference was to be developed by the supervisors in consultation with the counseling staff...

The following questions are offered to help you in your analysis of this case:

1. As a supervisor how would you proceed with your supervisees?

2. What reactions would you expect from the former Silenus counselors?

3. Since some supervisees need experience and others need training what would you recommend for staff development?

4. What efforts would you expect the new policy to have on the drug abuse clients? The alcohol abuse clients?

5. What are the implications in this case for the administrative aspects of supervision?

6. What are the implications for the clinical aspects of supervision?

WORKSHEET FOR

IDENTIFYING A CLINICAL RHOMBUS
IN MY ORGANIZATION

1. Draw a clinical rhombus of your organization.

2. Describe the elements of your clinical rhombus using open-systems theory concepts (e.g. our input - clients with ..... problems, from ..... socioeconomic levels)

3. Locate yourself within that clinical rhombus. What is your role and primary task? How do you inter relate/interface with the other elements of the clinical rhombus? What difficulties/problems do you see in these relationships?

4. Frame of Reference

   A. How would you describe your personal administrative style? Your administrator's style?

   B. What is the treatment modality (Rx) in your agency?

      Is your administrative style consistent with this Rx?

      Is your administrator's style consistent with this Rx?

   C. If there are inconsistencies over A & B what can you as a clinical supervisor do to inject consistency into the treatment setting?

THE RIPPLE EXERCISE

INSTRUCTION SHEET

This sheet contains all the information you need to participate in the exercise.

You are a (your role). Together with three (3) other role players, you will be asked to leave the conference room. After about 5 to 15 minutes, you will be summoned back to the conference room. As soon as you enter the conference room, identify yourself and the role you are playing.

Someone will then give you an oral report of an incident. Your task is to deal with this oral report (an action decision) the way you would if you were a (your role) and prepare to report on your action-decision to the next person who enters the room.

You will not know ahead of time who you give your oral report to, so be prepared to deal with any of the role players remaining outside the conference room.

In order to make this exercise work, please observe the following ground rules:

1. Limit your verbal exchanges to five minutes - that is, 5 minutes with the person who is to give you a report and 5 minutes with the person to whom you are to give a report.

2. While waiting for your turn to enter the room, do not confer with the other role players.

3. Once you have finished playing your role, you may return to your seat and join the rest of the group.

PUBLICATION GUIDE SHEET

THE RIPPLE EXERCISE

OBSERVER SHEETS

Observe the behavior of each character in the role play exercise and answer the following questions:

What was the original statement made by the _____?

_____

_____

	Role Player #1	Role Player #2	Role Player #3	Role Player #4
How did each role player react to the oral report?				
What did each role player decide to do with the report?				
What were each role player's assumptions about the "crisis situation?"				

Be prepared to answer these questions during the large group discussion:

1. Were there differences in the way each role player chose to deal with the oral report?
2. Did the nature of the "crisis situation" undergo changes as it was communicated by the first person to the last person in the chain?
3. Would the oral reports of the role players change had the sequence of the characters been different?

WORKSHEET FOR

IDENTIFYING MY PERSONAL
LEARNING/TEACHING BLOCKS

1. How would I describe my supervisory style? (laissez-faire, authoritarian, etc.)

2. Which among the "games" mentioned do I usually find myself playing, that block or inhibit my ability to learn?

   Why do I play these games?

   What can I do to minimize/avoid playing these games?

3. Which among the "games" mentioned do I usually find myself playing, that block or inhibit my effectiveness as a teacher/guide?

   Why do I play these games?

   What can I do to minimize/avoid playing these games?

PUBLICATION GUIDE SHEET

4. Is my present supervisory style appropriate to the teaching/learning function that I perform within my agency? If not, what can I do to make it more appropriate?

COUNSELOR COMPETENCY BEHAVIOR RATING SCALE

Counselor: _____

Rater: _____

Interview tape # _____

Other than tape (explain) _____

The Counselor Competency Behavioral Rating Scale (CCBRS) is designed to assess specific counselor skills and behaviors. It requires the rater to identify and tally the occurrence of each manifestation of 14 defined counselor skills and to rate the efficacy of each. The scale is designed primarily to assess counselor performance as it is manifested in an audio- or videotape record of a given counseling session, but it can also be used (without the frequency tabulation) as a summary evaluation of a counselor trainee's level of performance in the component areas, or as one measure of a counseling practitioner's overall performance by a supervisor. The scale also lends itself well to use as a self-rating instrument by counselorr seeking to upgrade their own performance levels.

Certainly all the skills and competencies which a counselor ought to develop are not included. The assumption is made, however, that the 14 behaviors defined herein are all important and necessary to acquire for effective counselor functioning. Indeed, higher levels of performance in each of the components can be built into any counselor training program as outcome goals. In such a case, the scale can be used to provide pretest, ongoing, and posttest data resulting from a content analysis of sequential counseling interviews.

DIRECTIONS

Definition: An intervention refers to any given instance of counselor verbalization. Some interventions might be characterized by the rater as containing instances of more than one of the 14 skill areas which make up the scale. In this case, the rater should make a tally and assessment of performance in each of the component areas. Some interventions will resist categorization into any of the component areas. For example, a counselor may tell an irrelevant anecedote about himself. Such material, while of interest to a counselor trainer, should not be counted or evaluated.

An intervention may be long or short and may or may not contain interspersed client verbalizations. What the rater needs to identify in his analysis is whether or not a particular segment of counselor verbalization or segment of counselor-client interaction can be characterized as fitting into a skill component area as defined in the CCBRS. Counselor intent, or the implicity or explicitly implied direction of the intervention, is the chief ingredient here: Was the counselor's behavior manifested in order to achieve a given end inherent in any one of the skill areas? Was he consciously (or unconsciously) exercising the skill in question?

Marking the Scale--Frequency: In the left-hand column of the CCBRS the rater should tally each intervention which fits into one of the 14 categories beside the category into which it fits.

Marking the Scale--Performance Assessment: Following each instance of a behavioral manifestation of a skill component, the rater should immediately analyze the behavioral unit, make an evaluation of it, and assign a numerical value to it by inserting appropriate checks on the scale which appears immediately below the skill definition. (Avoid checks between numbers.) The number of checks on a skill area scale should equal the number of frequency tallies for that area.

While the scale represents a performance continuum of 11 points, the value of 10 being the highest, only 5 descriptors are provided as follows:

10	9	8	7	6	5	4	3	2	1	0
fully effective		mostly effective		minimally effective			slightly effective but mostly ineffective		completely ineffective	

Scoring: The CCBRS yields a Total Frequency Score, attained by adding the tallies of component occurrence. It also yields a Total Performance Assessment Score, attained by adding all component performance assessment values scaled in each performance instance. The Average Level of Performan ce Score is attained by dividing the Total Frequency Score into the Total Performance Assessment Score. The result comprises the subject's Counselor Competency Behavior Rating.

In addition, should the rater so choose, an average measure of performance for each component skill area can be attained by dividing the frequency of occurrence into the total number of assessment points a subject earns in that skill area.

FREQUENCY COUNSELOR COMPETENCY BEHAVIORS

_____ 1. Questioning, exploring, drawing out, evoking problem-related material: Interventions which expose and make clear for the counselee, not just for the counselor, life-space concerns and difficulties the counselee has.

10 9 8 7 6 5 4 3 2 1 0

_____ 2. Information giving: Introduction of information useful or necessary to the counseling at the appropriate time (counseling procedural matters, referral information. educational-occupational information, testing information, role-working instructions, etc.). Fully effective information giving includes a check on the counselor's understanding of the information and the reasons for its importance to him and the counselor's correction of distortions in client perceptions regarding the information.

10 9 8 7 6 5 4 3 2 1 0

_____ 3. Nonverbal behavior: Identifying and focusing on nonverbal behavior manifested by the counselee in the interview, labeling it, commenting on it, relating it to counseling content and process data, and using it to forward counseling movement.

10 9 8 7 6 5 4 3 2 1 0

_____ 4. Goal setting: Helping the counselee to establish realistic and attainable goals. Goal setting is effective when the goals have specificity pertinence, attainability, accompanying criteria for determining goal accomplishment, and evidence of counselee commitment to taking a course of action.

10 9 8 7 6 5 4 3 2 1 0

_____ 5. Emphasizing, accenting, or underscoring: Placing stress on an intervention or on counselee data by differing voice tone or by isolating and repeating pertinent statements to heighten impact.

10 9 8 7 6 5 4 3 2 1 0

_____ 6. Reassuring, encouraging, and supporting: Use of psychological or emotional support when counselee's anxieties begin to inhibit rather than promote counseling movement.

10 9 8 7 6 5 4 3 2 1 0

_____ 7. Establishing connections: Piecing together for the counselee fragments of problem-related material that the counselee cannot see as connected.

10 9 8 7 6 5 4 3 2 1 0

_____ 8. Hypothesis testing: Formulating hypotheses about the counselee's behavior and testing them out with the counselee in order to specifically identify the behavior and/or clarify its causes and the meaning it has.

10 9 8 7 6 5 4 3 2 1 0

_____ 9. Restating: Putting what has been said into different words so that it is more concisely understood and more meaningful to the counselee.

10 9 8 7 6 5 4 3 2 1 0

_____ 10. Identifying, labeling, clarifying, and reflecting feeling: Interventions which expose and make clear for the counselee, not just for the counselor, what feelings are present in him during the interview or in other parts of his world and how they accompany or affect his behavior in self-enhancing or self-defeating ways.

10 9 8 7 6 5 4 3 2 1 0

_____ 11. Confronting: Straightforward presentation of the counselee's reality situation which he may wish to avoid.

10 9 8 7 6 5 4 3 2 1 0

_____ 12. Interpreting: Describing and formulating counselee's problem-related material and giving underlying meaning of an experience or statement.

10 9 8 7 6 5 4 3 2 1

_____ 13. Summarizing or reviewing important material: Drawing together the large bulk of what the counselee says in order to focus on essential aspects. Summarizing can additionally be of what happened in a given interview (or any part of it). Effective summarizing includes naming all the content parts, determining how and why each are important, and including the counselee in the process so that his perceptions of the material are gauged.

10 9 8 7 6 5 4 3 2 1 0

_____ 14. Effective closure: Bringing the counselee's work on problems to a close when they have been worked through and capping a part of an interview, an entire interview, or all of the counseling. Effective closure leaves a counselee with a feeling of completeness regarding a given area, of problem status and/or resolution, and of understanding the whole with a minumum number of loose ends.

10 9 8 7 6 5 4 3 2 1 0

_____ Total Frequency Score

_____ Total Performance Assessment Score

_____ Average level of Performance Score (Counselor Competency Behavior Rating)

TEST

The purpose of this test instrument is to provide the administrators of this training program with a means for measuring the effectiveness of the Supervision course, and to measure the learning gains of the participants in the Supervision course.

INSTRUCTIONS

Answer each question to the best of your ability. Do not worry if you are unable to answer some of the test items. The course has been designed to address the issues covered by the test questions, and to provide you with the necessary information to answer each question upon completion of the course.

Please answer each question and sign your name and work organization in the spaces provided on the last page.

You will be given a maximum of 45 minutes to complete this test.

Thank you for your cooperation.

1. Write a brief definition of supervision.

2. Which among the following are some of the main tasks and functions of clinical supervision? Encircle the letters corresponding to your responses.

   a. enhancing a counselor's therapeutic skills

   b. developing a treatment plan for every client

   c. negotiating performance objectives with a counselor

   d. counseling clients

   e. assigning cases

   f. ensuring observance of the agency's policies and procedures.

3. State two essential differences between the job responsibilities of a supervisor and those of a caseworker/counselor.

   a.

   b.

4. Briefly describe and explain the concept of "<u>differential supervision</u>."

5. The <u>Case Record</u> is one of the most important tools for supervision. Enumerate three <u>characteristics</u> that a case record must have in order for it to become an effective medium for supervision.

   a.

   b.

   c.

6. In the performance of the function of supervision, a supervisor assumes several roles. For every situation below, answer the following questions:

   What supervisory role will the supervisor need to assume? Name one potential pitfall in the performance of this role that the supervisor will need to avoid in order to remain effective in this role.

Situation A: Counselor XYZ is new to the agency and needs to be familiar with the agency's prescribes procedures for case reporting. Supervisor ABC has scheduled a meeting with Counselor XYZ to discuss these procedures and to illustrate how a problem-oriented case report should be written.

During this meeting, Supervisor ABC will be assuming the role of _____.

What potential pitfall in the performance of this role should Supervisor ABC avoid?

_____

_____

_____

_____

_____

_____

_____

Situation B: Counselors 1, 2 and 3 have been working at an agency for two years. Two months ago, they introduced group counseling techniques in handling their caseloads and experienced a high degree of success. Their supervisor, Supervisor 100 is highly skilled in single-client treatment techniques and is a firm believer in the confidentiality of the counselor-client relationship. Counselors 1, 2 and 3 are convinced that once they explain these techniques to Supervisor 100, and relate their success stories, their Supervisor will encourage them to continue with these sessions and in fact, suggest these techniques to the other counselors. A staff meeting has been scheduled to allow Counselors 1, 2 and 3 an opportunity to present their ideas to the staff.

During Counselor 1, 2 and 3's presentation, Supervisor 100 will be assuming the role of _____.

What potential pitfall in the performance of this role should Supervisor 100 avoid?

_____

_____

_____

_____

_____

_____

_____

Situation C: Counselor I.E. has been working at the agency for a year now. Within that year Counselor I.E. has received numberous oral reminders and reprimands from Supervisor E.G. regarding tradiness in submission of case reports. Today is Counselor I.E.'s one-year anniversary with the agency and in accordance with agency policies, Supervisor E.G. has scheduled a meeting with Counselor I.E. to discuss this counselor's job performance.

During this meeting, Supervisor E.G. will be assuming the role of _____.

What potential pitfall in the performance of this role should Supervisor E.G. avoid?

_____

_____

_____

_____

_____

_____

_____

Situation D: Supervisor Blue has received official notice that the incidence of drug abuse in the community where the agency is located has risen at an alarming rate. In order to prepare for this projected increase in the agency's clientele, Supervisor Blue has decided to initiate changes in the amount of cases assigned to each counselor.

In initiating these changes, Supervisor Blue is assuming the role of_____.

What potential pitfall in the performance of this role should Supervisor Blue avoid?

_____

_____

_____

_____

_____

_____

_____

7. The situations presented below are some typical supervisory problems encountered by a supervisor. For every situation, select one alternative which you believe, best describes the way you, as a supervisor, would handle the problem situation.

Situation A: You work in an agency that provides counseling primarily through group therapy. You oversee a staff of counselors who are competent and highly skilled in this counseling method, and who conduct regular meetings for purposes of peer consultation and monitoring of each other's case handling. Three of your counselors have approached you complaining about another counselor, Roger. They report that during these meetings Roger has been griping about being overworked, overloaded and underpaid. They claim that Roger's griping is beginning to distract the staff from achieving the purpose of their meetings. As Roger's supervisor, you should:

a. Send Roger a memo regarding his disruptive behavior, spelling out the negative consequences of his continuing with this behavior.

b. Lighten Roger's caseload.

c. Advise these three counselors to bring up Roger's problem during the next meeting and with the rest of the group, assist Roger in identifying workable solutions to his problem.

d. Discuss the problem with Roger in private, and jointly identify workable solutions.

Situation B: Richard is a bright young man, fresh out of college and recently recruited to work for your agency as a counselor. After a month on the job, Richard proved to be an excellent counselor, well-liked by his clients as well as the staff. For the past three weeks, however, Richard has been constantly absent, often times failing to give advance warning to the staff. His absenteeism is starting to become a source of irritation not only to his clients who are stood up, but to the other counselors who have to fill in for him. One of the staff counselors mentioned to you that Richard's marriage is on the rocks.

As Richard's supervisor, you should:

a. Understand that Richard is going through a crisis and personally take over his caseload during the days he is absent.

b. Send Richard a copy of the agency's policies and regulations covering absences.

c. Offer to give marital counseling to Richard and his wife.

d. Meet with Richard to discuss how his absenteeism may adversely affect his job performance and demonstrate your willingness to help him remedy this work problem in whatever way you can.

Situation C: Madeline is an intelligent, talented and assertive counselor employed in an agency in (a state). As part of this agency's staff development program, Madeline was assigned to work as an apprentice in your agency, to be trained in the use of peer consultation techniques. Being primarily responsible for Madeline's training, you have scheduled regular tutotial sessions with her to discuss her case handling. Recently, you noticed that Madeline has become acutely sensitive to negative criticism, and has been reacting to your feedback by explaining her behavior.

Having observed Madeline's work you are convinced that she possesses enormous potential for becoming skillful at peer consultation; however, her resistance to trying a method that is new and unfamiliar is blocking her ability to learn. As Madeline's supervisor, how would you communicate this observation to her?

a. "Madeline, you should not feel threatened whenever I give you negative feedback because I only do that to help you, not to put you down."

b. "Madeline, I observed that whenever I give you negative feedback about your case handling, you respond by explaining your behavior. When this happens, I tend to think that you resist my feedback, and I then find it difficult to effectively coach you on peer consultation."

c. "Madeline, I feel your inflexibility may be deterring you from fully benefiting from this training program."

d. "Madeline, you would be better off if you talked less and listened more."

8. List three methods a supervisor may utilize to gather data for monitoring and evaluating the performance of counselors being supervised.

   a.

   b.

   c.

9. Name one criterion that you use to judge the effectiveness of a counselor. Translate this criterion into a performance objective that will serve the purpose of communicating to a supervisee specific ways by which he/she may demonstrate effectiveness in performing the work of counseling.

Criterion	Performance Objective

NAME: _____

WORK ORGANIZATION: _____

_____

ANSWER SHEET

		WEIGHT	Maximum (points) value
1.	Refer to teaching points in Module II	1	
2.	(a)	4	
	b		
	(c)		
	d		
	(e)		
	(f)		
3.	Refer to teaching points in Module III or Resource Manual article, "A Concept of Supervision Based on Definitions of Job Responsibility" by Frances Scherz.	2	
4.	Refer to Resource Manual article, "Differential Supervision" by Kenneth W. Watson.	1	
5.	Refer to Resource Manual article, "Record Writing for Purposes of Supervision" by Herbert Aptekar		
6.	Situation A: Role - Teacher	2	Total = 8
	Pitfall - refer to teaching points in Module III		
	Situation B: Role - Learner	2	
	Pitfall - refer to teaching points in Module III		
	Situation C: Role - Evaluator	2	
	Pitfall - refer to teaching points in Module IV		
	Situation D: Role - Administrator	2	
	Pitfall - refer to teaching points in Module II		
7.	Situation A: a -2	6	
	b -1		
	c +2		
	d +1		
	(Refer to Module II, Parallel Process and Frame of Reference concepts)		

		Weight
Situation B:	a	+1
	b	-2
	c	-1
	d	+2

(Refer to Module III - Effective Counselor Behaviors and Module II - Characteristics of the Process of Supervision)

Situation C:	a	-1
	b	+2
	c	+1
	d	-2

(Refer to Module III - How to give feedback)

8. Refer to teaching points in Module IV 3

9. Refer to teaching points MBO/Evaluation in Module IV 2

HIGHEST POSSIBLE SCORE..... 30

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SUPERVISION

Trainer's Manual and
Resource Manual

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for Training and Resource Development

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SUPERVISION

OVERVIEW

The Supervision Training Program has been developed as a response to the need for training for individuals who are responsible for supervising counselors and other workers in the Drug Abuse Field. The primary focus of the course is toward supervision of workers who provide direct clinical services, such as the various forms of counseling, to clients in drug treatment programs.

The Supervision Course is designed to provide, for persons who have clinical or other supervisory responsibilities in Drug Abuse or other treatment settings, knowledge, understanding, and skill in supervision and its related areas.

Supervision is addressed in this program as "Those structural relations and procedures designed for the purpose of planning, oversight, monitoring and evaluation of the activities the staff to assure conformance with agency/program policy and to insure high quality service to clients." The program is directed toward the generic elements of supervision with major attention given to the administrative (organizational) and the clinical (teaching/learning) aspects of supervision in drug abuse and other treatment settings.

Major emphasis is given to conceptual and functional definition of supervision; the organizational context in which supervision occurs, the "Supervisor" as the role relates to administrative and clinical aspects of supervision, selected models of supervision, selected tools for supervision, and the skills required for effective execution of the supervisory role.

The Supervision Training Program is to be delivered using three distinct and related learning processes. These are: 1) didactic presentations, 2) experiential exercises, and 3) directed reading. Each of these learning processes are expected to increase the participants' learning regarding supervision as precondition to development of the behaviors that are incumbent in effective supervision. Also included in the design of this training program are a number of experiential events that are for the purpose of establishing and/or maintaining a socio-emotional climate in the training environment and among the participants that support the learning tasks. The course is designed to increase learning among the participants about those activities that make-up supervision as a work/task dimension in treatment settings.

1) Didactic Presentations - Are short lectures, delivered by a Trainer, that introduce or develop a content area or concepts that are central to the objectives of the course. The primary purpose of the didactic presentations is to "learn" about particular content area, idea, or concept, "understand" a particular content area, idea, or concept, and "appreciate" (invest with value) a particular content area, idea or concept.

2) Experiential Exercises - Are structured events designed to illustrate, usually among or between participants, a concept, idea, or principle. The primary purpose of the Experiential Exercises are to present, by illustration in experience, content areas, ideas, or concepts that are central to the objectives of the course. The process of learning from experience is different from learning in a didactic process. However, each is subject to the same expectation of increased cognition as an outcome.

3) Directed Reading - A substantial amount of the content of the Supervision Program is located in the articles that are in the Resource Manual. Directed readings are keyed to the Module in the Manuals to which they are appropriate. The design of this course is based on the expectation that the Resource Articles will be read by the participants (and trainers) prior to the delivery of the Module with which the article is associated.

OVERVIEW (cont'd)

The program utilizes large group, small group, and individual formats in the training process. Generally, lecturettes are presented to the participants as a large group and all process activities associated with the various individual and small group events are conducted in a large group. Small groups are used for simulations and exercises. As well as, those occasions when participants may benefit from discussion of a particular topic in a group. Individual work is, generally, restricted to testing and those activities that require the single and sometimes unique perspective of each participant.

Selected other activities not identified as a part of the content of the program may be included at the discretion of the training team. These include those activities that have the expressed purpose of influencing the socio-emotional climate in the training sessions so that learning may take place. Additional climate setting exercises are to be included as the training team plans for the delivery of the program or at any point during the program that such a need is indicated.

MODULE I

INTRODUCTION AND OVERVIEW

SCOPE:

Module I is designed to familiarize the participants with the nature, general objectives, and the schedule of activities in the supervision course. In addition, to developing an appropriate climate for learning in the training environment.

LEARNING OBJECTIVES:

Upon completion of this module each participant will be able to:

- Describe the three learning processes utilized in this course.
- Orally enumerate and describe three major goals that the course is designed to achieve.
- Describe orally three personal objectives that they wish to be satisfied by participation in this course.

LEARNING ACTIVITIES:

- Registration and logistics (30 minutes)
- Morning greeting (15 minutes)
- Name game (climate setting exercise, 15 minutes)
- Pretest (35-45 minutes)
- Supervisory strengths and difficulties (45-50 minutes)
- Overview of the course (30 minutes)

MODULE II

DEFINITION AND DIMENSIONS OF SUPERVISION

SCOPE

Module II is designed to describe and clarify the nature of supervision as a generic task area and delineate the administrative, clinical, and evaluative aspect of supervision.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, the nature and purposes of supervision in drug abuse and other substance abuse programs.
- Illustrate, in writing, the relationships between agency/organizational policies and procedures and the administrative aspects of supervision.
- Illustrate, in writing, the relationships between "Frame of reference" or "Theory of practice" and the clinical aspects of supervision in drug abuse and other substance abuse programs.
- Identify, in writing, five functional behaviors that are included in the role of "Supervisor."

LEARNING ACTIVITIES

• Lecturettes (2)	(25-30 minutes)
• Developing A Frame of Reference Exercise	(30 minutes)
• Case study - individual analysis	(60 minutes)
• Discussion of Case Study - Large Group	(20 minutes)
• Summary of day's activities	(15-20 minutes)
• Assigned readings	(5-10 minutes)

AN ATTEMPT TO CONSTRUCT A CONCEPTUAL FRAMEWORK FOR SUPERVISION

Fred Berl, Ph.D.

Dr. Berl is Case Consultant, Jewish Family and Children's Bureau, Baltimore, Maryland. This paper is based on a doctoral seminar on supervision led by him in the Spring of 1958, at the National Catholic School Social Service, Catholic University of America, Washington, D.C.

ALTHOUGH MUCH has been written about supervision in social work, the emphasis in such articles is usually on one or two aspects of the subject. Both the educational and the administrative elements have received considerable attention, with some writers viewing these functions as antithetical to each other and others believing that they can be harmoniously combined. Attention has also been given to methodological aspects, usually in the context of a particular setting or helping method.

In the seminar on which this article is based the members noted that little attempt has been made to analyze supervision as a generic social work operation or to construct a conceptual framework that would have application to all settings, regardless of the methods used. The need for such a framework was recognized and the group, therefore, assigned itself the task of constructing a model. The framework presented here should be regarded as the attempt of one group to relate the basic elements of supervision to each other. It is hoped that this attempt will underline the need for a conceptual framework and will simulate further efforts to construct one.

In the seminar we first undertook to identify the components that are essential to an understanding of the operational practice called supervision. We identified four components: (1) the institutional, (2) the methodological, (3) the educational and (4) the psychological. This paper will present a discussion of these components and of the interaction between them.

The Institutional Component

Social workers have a tendency to define supervision as a professional, rather than an institutional, operation. As a professional operation, supervision has certain defined norms and values, but these do not exist in vacuum; they are an intrinsic part of the norms and values of our society. It is true that a profession has an identity of its own, within the larger society, but it is not divorced from the larger entity. Supervision, therefore, should be viewed as an institutional, as well as a professional, operation. A social agency has responsibility to provide certain services to eligible clients in the interest of the welfare of the community as a whole. The staff members of an agency therefore have a special responsibility—one that goes beyond the responsibility of citizenship and community membership—to perform certain services and to develop methods appropriate to the purpose of the services.

An agency, in establishing methods of control, has two major purposes: the first is to make services available and the second to set standards for these services. The methods of control tend to become institutionalized in the structures and processes of the agency. Supervision plays a specific role in the institutional control of both the availability and the standards of service.

What is this role? Supervision itself is not a means of creating services or of determining standards. The services and standards of an agency are influenced by many other factors, such as professional methods and professional values (to which agency personnel contribute), social norms and values, and the social reality. The latter is subject to change as social needs and social attitudes change. The institutional component of supervision, therefore, encompasses those aspects that are concerned with the control of service and standards. Such "control" does not imply a mechanistic function but, rather, an integrative one. The control stems from the supervisor's understanding of the social forces and processes that have an influence on the agency's program.

In carrying responsibility for integrating and controlling the various institutional elements, the supervisor is subject to certain characteristic tensions. These tensions are related to (1) the supervisory function, (2) the supervisory role, and (3) the supervisory process.

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1. Tension related to the supervisory function: Each agency and each community must attempt to establish an equation between traditional operations on the one hand and new values and goals on the other. An agency that is future-oriented may still have deep roots in the past, even though it is working toward change. It must utilize various processes of communication to establish a balance between the two forces. An agency cannot follow its vision of the future exclusively, but must also take present-day realities into account. The latter are related to hard facts of community need, budget limitations, availability of staff, and so forth. If an agency refuses to deal with certain realities on the ground that doing so would impede the attainment of new goals or the establishment of desired professional standards, it stands on a weak social base. Such refusals obviously are not likely to be helpful in attaining the new standards. If we understand the real meaning of a social institution, we shall also understand that tension is a necessary part of its very functioning. One might describe the tension as a conflict between the ideal and the reality.

2. Tension related to the supervisory role: The supervisory role, which prescribes both equality and inequality between professional colleagues, invites tension. The role of supervisor is one of equality in relation to such essentials as client service, community welfare, and the advancement of professional knowledge. The same role prescribes inequality in relation to job responsibilities, authority, and status. The supervisor, therefore, has the task of handling this dual requirement in a way that does not nullify either aspect. There is the danger that a supervisor may place so much emphasis on the authoritative elements that the equality of purpose will be lost; at the other extreme, he may minimize the authoritative elements to the extent of failing to discharge his essential institutional responsibilities.

Various psychological and sociological patterns for reducing the tension inherent in the dual task suggest themselves. One is the primus inter pares model, that is the pattern in which a person is accepted by other members as the superior of his group. A supervisor may be in the fortunate position of being accepted as a leader, not only because of his status but because staff members have placed him psychologically in a superior position, recognizing his competence and professional helpfulness. Another model is that of esprit de corps which emphasizes the unity and common purpose of the group; the differentiations in status and authority are minimized, and leadership often comes to be viewed as that of the group's own choosing. Still another model is the one of the "boss," with a division of labor; the emphasis here is on the value and importance of everyone's job in the total undertaking. In order to function as the "boss," the person must live up to certain rules and norms in relation to fairness, competence, and so forth. It would seem that these, as well as other models, must be used in social agencies in discharging supervisory requirements and achieving effective group functioning.

3. Tension related to the supervisory process: The supervisor's conception of supervision and his actual experience in the process are not always identical. There may be differences between his concept and that of his supervisee's in relation to expectation, responsibilities, purposes, and so forth. Also, the supervisor's role and responsibilities are defined by the norms and structure of the agency. The experience of the individual supervisor, however, does not always conform with these institutional expectations. It is a mistake to consider the institutional norms and ideals as charactertistic of the individual experience. It is also a mistake to consider an individual experience as a basis for defining norms. In order to understand certain tensions that are involved in supervision, it is necessary to understand the degree of discrepancy that may exist between the institutional norms and the individual's own experience. A certain degree of tension is to be expected. Obvicusly, the way to reduce the tension growing out of such differences is by attempting to reduce the gap between the institutional demands and the individual's demands. Both the agency and the individual may need to make modifications in their concepts and requirements. Such modifications often result in the establishemnt of new norms for the agency and for the profession.

The above discussion of supervision as an institutional operation may suggest that the seminar group supported a relativistic philosophy. But this was not the case. Our reasoning was as follows: The chief aim of supervision is to help workers gain the capacity to perform adequately. It seemed to us that a clearer understanding by social workers of the institutional elements in supervision would help sharpen the understanding of the professional elements. There has been a tendency in social work to emphasize the professional elements and to neglect the institutional ones, with the implication that the latter are "unprofessional." It is true

that certain relativistic standards are used in the practice of supervision, but these standards are not necessarily dominant. However, institutional elements, such as the functions of the agency, community needs, the agency's resources, and the training of the staff enter into supervisory practice with the goal of helping workers to perform adequately. Institutional standards obviously must be related to professional standards. Although standards of "adequate performance" may vary considerably among agencies, professional standards, and the values forming them, have a high degree of homogeneity.

The Methodological Component

Method is essential to social work practice. It represents an attempt at conscious professional control of the multiple factors that enter into an agency's program. Traditionally, this control has been exercised through the interplay between board members, administrators, supervisors, and practitioners. Each of these segments of an agency may play a part in determining standards of supervision.

In most analyses of the responsibilities of the supervisor, two functions have been singled out—the administrative and the teaching. There has been disagreement about the respective weight that should be given to each, with some persons placing greater emphasis on the administrative aspects and others urging that supervisors be freed from the burden of carrying the administrative ballast.

Conceptually, both the administrative and the teaching responsibilities are essential elements of supervisory practice in a social agency. Since an agency is responsible for the results of its services, it must set up administrative controls to assure that standards of practice are maintained and it must devise methods for evaluating the service given. The very need of agencies to maintain standards of service is the major motive for developing educational programs—both within and outside the agency. The seminar group believed that, ideologically, the administrative and teaching functions of supervision are not divisible. This assumption seemed valid because of the common frame of reference for both these functions. Teaching, as well as administration, is a method for focusing, limiting, and enhancing service. The responsibility for determining, through administrative methods, the usefulness of a worker in a particular field—or in the total professional field—influences the nature and form of the teaching methods used. Vice versa, the availability of teaching opportunities, as well as the results achieve, influence administrative decisions about providing certain services.

Essentially, the administrative goal of an agency is to square the responsibility for meeting community needs with the availability of agency resources, which include staff able to maintain professional standards of service. In supervision, the administrative processes are formulated empirically. The variation in agency programs and in community conditions makes it necessary to rely on empirical methods. Such realities as client needs, community pressures, and limitations of resources are determining factors in establishing administrative processes and methods. In the endeavor to understand supervisory practice, it is necessary to be aware of this empirical element in administrative methods.

The teaching function of supervision, on the other hand, is more clearly conceptualized by the profession and has a firmer scientific underpinning. Because developmental goals for staff members are defined, teaching tends to be systematic; it can subordinate irrelevant variables. A systmatic teaching approach in supervision can bring cohesion to elements in practice that are unstable, such as variations in agency policy, changes in programs, and so forth. The major enemy, so to speak, of systematic teaching is the frequent change in community conditions and administrative policy. This unpredictable element of change, with which the board and the administrator are constantly struggling, creates an obstacle for the supervisor. Teaching requires a certain degree of stability.

It seemed to the seminar group, in view of the points discussed above, that supervisory practice should combine administrative and teaching functions. Three supervisory stages might be used to facilitate the worker's development. The first would aim at individualization of the worker's unique potentials, with the aim of helping him carry responsibility for service. The second aim, through the medium of teaching, would enable the worker to move toward independent functioning. In the third stage, the aim would be to clarify learning goals for the worker and to motivate his self-advancement.

At its best, the supervisory method can provide necessary agency controls and at the same time further sound professional development of staff members. When the supervisor has conflict between the two roles, the integration of the administrative and teaching functions is not achieved. The supervisor may then resort to efforts to control and manipulate staff members and to rationalize about deficiencies in the agency.

Much has been said in recent years about the undesirable features in supervisory practice. It seems likely that a clearer understanding of its diverse elements may help to improve methods and reduce dissatisfactions. One test of the adequacy of a supervisory method might be the extent to which it achieves the goal of individualizing the worker and of enabling him to function on a higher level. This goal transcends the purely professional goal, since it encompasses basic values of our society. Another test of a supervisory method might be the effectiveness of the work of staff members. Greater objectification is needed in all parts of social work practice, including supervision. Such testing, however, should take place under optimal conditions because of the many variables in supervision and the high degree of subjectivity about it.

The Educational Component

Some learning is implicit in the performance of any professional service. In a social agency, the learning becomes particularized because of the standards set for the performance of various services. Although supervisory operations have an essential place in fostering the learning of staff members, these operations are only a part of the total educational framework. Staff members draw on many other sources both within and without the agency for knowledge and enhancement of skills. For any consideration of staff development one must be aware of the total framework in educational resources and processes.

In analyzing the supervisory operations, we agreed upon an approach that seems central to the learning needs of staff. This approach consists of a constant and a number of variables. The constant may be defined as the process by which staff members are helped to move from less to greater adequacy in knowledge and skill. Such progression is the common aim of all educational endeavors. Also, in the educational process there are recognized stages of moving from less to more adequate performance.

Within this constant, we identified certain differential characteristics in social work learning. The major differential is in the subject matter itself. The complex content and the requirements of the helping process place unusually heavy demands on the learner. Mastery of content is closely allied to mastery of skills. It is difficult to determine whether this close relationship is necessitated by the character of social work learning or whether it stems from tradition.

Another differential in this process is that it involves the learner in a "living experience." It is true that all learning demands some personal involvement, but the involvement in social work learning is particularly intense. It requires a correlation of intellectual grasp and emotional development.

In social work one needs to learn in order to perform and to perform in order to learn. In the beginning stage, the learner has feelings of inadequacy and a need to rely on someone with superior knowledge; he also gains security from the ability of an organizational structure and its processes. He then moves into the stage of mastering the subject matter and of establishing a pattern of functioning. In this stage he must make many shifts and readjustments in his patterns of thinking and acting. As a result, he tends to be critical of external power, whether it is represented by the supervisor or someone else. Later, he has less need for dependence and develops greater ability to function as part of an established structure and to carry the demands of the job.

In addition to the constant and its differential characteristics, a number variables in social work learning were identified by the seminar group. One variable is the situational element, that is, the functions, services, policies, philosophy, and morale of a particular agency. Another variable is the technical nature of the assignments given and the responsibilities expected from the learner. A third variable is the nature of the relationship between the learner and the supervisor, that is, the elements in their interaction that foster or impede learning.

It is important to be aware of the variables in the learning process as of the constant. These variables may create problems in teaching but they are the "very stuff" with which the supervisor must deal in furthering the learner's development. The type of assignment, and the level of skill required, help to particularize learning. The specifics are the means of feeding into the learning process the elements that are needed at various points in the worker's development. Supervisors have developed much technical know-how about utilizing agency structure, policies, services, and so forth to advance the competence of staff members.

In utilizing these variables for generic learning, the supervisor should be aware of two major requirements. One is that he adapt the demands of the assignment to the stage of the worker's learning. The other is that he be aware of the interplay between the relationship elements and the total learning process of the worker. The relationship can be a catalyst for speeding up, or slowing down, the learning process. The relationship is the base for learning, since it helps the learner assimilate and integrate all other apsects.

The Psychological Component

The application of psychological principles is essential in the provision of services for which the social agency exists. The supervisor, therefore, needs to have a sound grasp of psychological theory, not only to assure that adequate services are given, but also to handle the supervisor-worker relationship. An important aspect of learning in social work is the opportunity provided in the supervisory relationship for the worker to experience psychological processes similar to those required of him in giving adequate service to clients.

One psychological factor in supervision is the degree of harmony between the supervisor's personality and the role he must assume. By definition, this role carries a strong element of authority. The authority delegated to him may initially provide a sufficient base for him to perform effectively for a time. His effectiveness will not continue, however, unless he earns the right to the authority by demonstrating his competence in relation to various aspects of his job. Persons who have difficulty in carrying an authoritative role are likely to have difficulty in meeting the role expectations of the supervisory position. Able and competent persons sometimes have conflict about carrying this role and their uneasiness is reflected in negative reactions on the part of the persons they supervise.

Ability to carry a particular social role requires a certain degree of maturational development. If we apply this principle to the supervisory role in the social agency, the question of maturational standards arises. Considerable study will be necessary to determine what psychological qualifications are needed by persons who are expected to meet the role requirements of the position.

Another psychological factor in the supervisory relationship is the complementarity of roles. Complementarity is implicit in the very nature of the social agency and its organizational structure. The supervisor and the worker are necessarily dependent on each other in order for each to discharge his functions. The worker's dependence on the supervisor is generally recognized as well as the risks involved in the dependence. To a large degree, such dependence is institutionalized and cannot be changed by decision on the part of either the worker or the supervisor. The institutional nature of the supervisory relationship places some limitations on the worker's independence and, in reverse, some responsibility on the supervisor to handle the dependence. A point that is often overlooked, however, is that there is also a mutuality of dependence; that is, the supervisor also depends on the worker. In order to make his own job a reality and in order to function effectively, the supervisor must rely on the participation of the worker.

In the teaching process, too, there is complementarity. The content of the worker's learning is largely the social data he has gathered and the problems with which he is attempting to deal. The supervisor, in attempting to understand the data, learns from the worker in much the same way as the worker learns from the client. Each must be able "to listen" in order to be of help. The participation of supervisor and worker is based on a mutuality of interests and an acceptance of their complementary roles. Such mutuality and complementarity do not conflict with their specific roles or with the definitions of their respective responsibilities. Helping, learning, and teaching are linked together in one interacting psychological process.

Transference and countertransference phenomena can be expected to occur in the supervisory relationship, as they do in other relationships. In the supervisory situation, however, the reactions are heightened by such factors as the power and control of the supervisor, the dependence and insecurity of the learner, and the closeness of the relationship. These factors may tend to stimulate anxiety and hostility on the part of both participants. Special note should be made of the authoritative element. The worker may react to the supervisor's authority with fear and defeat his own learning by becoming overly independent or rebellious. The supervisor, in reaction, may then assert undue authority, thereby setting up a vicious circle.

In the course of gaining greater independence, the learner will experience certain transference phenomena that are similar to those characteristic of the maturational process. The process of separation and of establishing independence will be accompanied by anxiety and projection. The supervisor, as well as the learner, is involved in the process and will have objective reactions.

Interaction

It is evident in the foregoing discussion that the components that enter into supervisory practice form an interlocking process. No one of the four--the institutional, the methodological, the educational, and the psychological--is paramount.

The social agency itself is a complex structure, often made up of many organizational units and staffed by persons discharging various functions. The clients, too, must be considered part of the total configuration, since the agency exists for the purpose of extending help

to them in meeting social problems. The concept we wish to suggest here is that the field of transaction in an agency includes both the social problem to be dealt with and the helping methods.

Any problem experienced by the client group is the result of a chain of interrelated forces and events--psychological, interpersonal, and social. Social work is moving away from the former tendency to view the "problem" in terms of the individual client, with emphasis on his psychological difficulties. The trend is toward broadening the theoretical base and toward developing new technical methods for working within the broader framework. The current literature reflects this trend.[1] A similar trend toward enlarging the theoretical and operational base has been taking place in the psychiatric field.[2]

The wider field of transaction in social work suggests the need for a re-evalution of supervisory practice. Supervision in many instances is still geared to the methods developed at an earlier period when the focus of the helping services was more limited. Supervision, in a sense, has been isolated from the main stream of technical developments. Much of the current criticism of supervision may stem from the fact that the emphasis in supervision is still on helping the worker acquire skill in a single operation, with little effort to have him participate in other processes and in the wider responsibilities of the agency. Supervisory practice should be related to the agency's total operation and to forces and events that shape its program and the helping methods.

This broader concept of supervision does not imply that standards of performance should be lowered. The agency's expectation of types of performance must still be made specific. However, greater individualization of responsibilities for particular workers may be indicated as an agency program becomes more diverse and relies less on a single helping method.

In our seminar discussions of the components of supervision, we made reference to a number of areas of tension. We agreed that tension is inherent in the supervisory task, which involves the integration of many, and sometimes conflicting, elements. As mentioned earlier, the supervisor must function in roles that prescribe both equality and inequality. He must deal with both future-oriented values and reality limitations of the present. He must weigh his own individual experience in teaching against the agency's patterns and methods. In addition, he must develop a pattern for bringing these interacting elements into some sort of harmony so that the services of the agency are effectively rendered. Such interactional transactions always create tension but the degree depends on the supervisor's ability to integrate the various components. Tension should reduce with successful experience. In relation to workers, supervision also has certain tension-producing elements, such as the anxiety involved in learning and in working under

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[1] As illustrations, see:
Nathan W. Ackerman, M.D., Psychodynamics of Family Life, Basic Books, New York, 1958.
John P. Spiegal, M.D., "The Resolution of Role Conflict within the Family," Psychiatry, Vol. XX, No. 1 (1957), pp. 1-16.
Seymour Fisher, Ph.D., and David Mendell, M.D., "The Communication of Neurotic Patterns over Two and Three Generations," Psychiatry, Vol. XIX, No. 1 (1956), pp. 41-46; "The Spread of Psychotherapeutic Effects from the Patient to His Family Group," Psychiatry, Vol. XXI, No. 2 (1958), pp. 133-140; "Approach to Neurotic Behavior in Terms of a Three-Generation Model," External of Nervous and Mental Diseases, Vol. (XXIII, No. 2 (1959), pp. 171-180; "A Multi_____ Approach to the Treatment of Psychopathology," Journal of Nervous and Mental Diseases, Vol. CXXVI, No. 6 (1958), pp. 523-529.
_____ W. Weiss and Russel P. Monroe, M.D., "A Framework for Understanding Family Dynamics," Parts I and II, Social Casework, Vol. XI, Nos. 1 and 2 (1959), pp. 3-9, 80-87.
Gardner Murphy, Ph.D., "New Knowledge about Family Dynamics," Social Casework, Vol. XL., No. 7 (1959), pp. 363-370.
Frances H. Scherz, "What Is Family-Centered Casework?" Social Casework, Vol. XXXVII, No. 1 (1956), pp. 3-10.
Gonberg, M. Robert, "Family-Oriented Treatment of Marital Problems," Social Casework, Vol. XXXVII, No. 1 (1956), pp. 3-10.

[2] Alfred H. Stanton and Morris S. Schwartz, The Mental Hospital, Basic Books, New York, 1954.
August B. Hollingshead and Frederick C. Redlich, Social Class and Mental Illness: A Community Study, John Wiley and Sons, New York, 1958.
Otto Pollak, Integrating Sociological and Psychoanalytic Concepts: An Exploration in Child Psychotherapy, Russell Sage Foundation, New York, 1956; "Relationships between Social Science and Child Guidance Practice," American Sociological Review, Vol. XVI, No. 1 (1951), p. 63.
Maxwell S. Jones, and others, The Therapeutic Community: A New Treatment Method in Psychiatry, Basic Books, New York, 1953.

authority. However, it also has some tension-reducing elements. Tension tends to diminish as the worker gains mastery of the subject matter and as he finds a balance between the interacting forces that affect his performance.

Despite the fact the tension for both supervisor and worker is a reducible factor, it should be recognized that a certain degree of tension is inevitable. Overemphasis on the tension, with attempts to shortcut or eliminate the supervisory process, would tend to undermine client service, staff learning, and the advancement of professional knowledge. Denial of the tension, however, might lead to the same undesirable ends, since such denial would result in ritualistic enactment of roles on the part of both supervisor and worker.

The major problem in supervisory practice is the need for the participants to find and maintain a balance between the tension-provoking elements inherent in the process. This problem, in a sense, is the problem faced by all individuals in the process of daily living. It comes into sharper focus in a professional operation because of the specific demands made on both supervisor and worker to render a community service, to maintain and advance standards of service, and to observe professional ethics.

Supervision has been blamed for the existence of many problems, including the creation of disabling anxiety in the practitioner group. Supervision has also been lauded as a valuable educational device, one that provides the practitioner with needed emotional support while he is mastering content and skills. Our seminar group recognized that objective standards for evaluating the shortcomings and values of the process would be difficult to establish. Our appraisal was that the values outweigh the shortcomings. The important values lie in the maintenance of client service, in the improvement of performance on the part of the practitioner, and in the provision of a balance between the interacting processes that are part of professional performance in a social agency setting.

SUPERVISION AS AN AGENCY NEED

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In recent years more and more question has been raised about the traditional role of supervision in casework agencies. It has been asserted that supervision is demeaning to the caseworker and detracts from his professional status; that it keeps him in a state of dependence that is antithetical to the development of the qualities needed in providing casework treatment; that it produces anxiety and impairs the values the worker might otherwise obtain from his task.[1] In some places supervision is regarded as a luxury rather than as something really necessary for the effective operation of a social agency.

Concomitantly there has been a search for answers to these assertions. One educator has suggested that if social workers are to have satisfying careers they should practice without any agency controls whatsoever; they should share their professional responsibility with another person only on a consultative basis; and clients should come to the caseworker rather than to the agency. At least one family agency has dispensed with supervision entirely and has substituted group and individual psychiatric consultation. It has been more widely proposed, however, that caseworkers be supervised during their first few years of practice after completing graduate work and that they then be permitted to practice without supervision, but with casework or psychiatric consultation instead. Consultation is defined as a voluntary relationship which does not have evaluative responsibility.[2]

Although the trend toward recognizing that supervision cannot continue changed throughout the practitioner's career is a healthy one, there are flaws in the proposal that consultation replace supervision. There is even a danger that decreasing the use fo supervision as such by social agencies will have an adverse effect on the quality of service and on the professional knowledge available to the field. To find support for these assertions, one must consider briefly the role of the supervisor, historically, and the part he plays in the social agency today.

The development of casework was such that supervision played a signiifcant part in agency organization and practice from the beginning of the charity organization movement in this country. Before communicable technical skill in casework was developed, supervision took the form of a caseby-case study leading to a decison for the caseworker to follow. The supervisor's task as teacher and overseer of practice made him indispensable to the untrained or inexperienced worker. His contribution to the absorption of technical knowledge from allied fields, his role as teacher of the casework staff, and his continuing responsibility for the quality of the caseworker's performance, continued to make him indispensable even when the entire agency staff was professionally trained, as had become an actuality for most private agencies at the beginning of World War II. These tasks of the supervisor continued on the basis of the widely accepted theory that graduation from the two-year social work curriculum did not fully equip caseworkers to be helpful with the difficult and complex problems that were being brought to the modern social agency. The exceedingly finegrained practice these agencies demanded emphasized the need for continuing supervision of the graduate caseworker so long as he remained in practice. This has been the tradition of the field.

Another element in this tradition has persisted. Caseworkers, although needing and wanting the help of the supervisor (even basing their choice of employment, in part, on the availability of qualified supervision), have at times feared, resented, and fought being supervised. At this juncture in the growth of the profession, however, the caseworker's challenge of the

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[1] See, for example, Charlotte C. Babcock, "Social Work as Work," Social Casework, Vol. XXXIV, No. 10 (1953), pp. 415-422.

[2] Lucille N. Austin. "Basic Principles of Supervision." Social Casework, Vol. XXXIII, No. 10 (1962), p. 411.

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traditional use of supervision has, I believe, a new basis and a different meaning. The challenge to supervision as it arises today does not lie exclusively in the emotional problem which understandably exists between the overseer and the overseen. Its significant characteristic is the caseworker's struggle to affirm a prfessional self.[1] As the social work profession moves, at times uncertainly and at times clearly and boldly, toward clarification of its role the caseworker, too, strives to find a satisfying status for himself within it. Apparently the profession has not yet found a way to enable the caseworker to feel that he is a mature, responsible practioner within the limitations of an agency setting and yet obtain the many benefits which past experience has shown to accure from his continued supervision. It is my opinion the continuing supervision of the caseworker does make possible values that are crucial in their importance for the developing profession, for the agency, and for the caseworker himself; also that supervision can assure rather than detract from the responsible, creative, and self-dependent practice of the caseworker.

In the proposal that caseworkers practice independently of supervision there is an implication that an agency's way of giving service and the staff's knowledge of casework processes are static. Far from being a static body of knowledge, casework is an expanding, developing field. I think that we would agree that there is no end to learning in casework--for the caseworker himself, for the agency that chooses the hard but rewarding path of constantly refining the ways in which it gives its service and which is flexible enough to look for new ways of meeting need and to abandon old ones, and for the field of social casework itself. Because the field is young, and because its area of effectiveness is expanding and as yet is not fully known, knowledge and skill in casework practice cannot be said to have reached an end. There are always more skills to be developed and more facts to be discovered.

Furthermore, the community needs, which the agency seeks to meet, are constantly changing. The alert and responsible agency is ready to meet such needs as fall within its purpose. Not only are generic skills and basic casework knowledge constantly expanding, but the services of the agency in relation to its program and its methods need constant revision. Each new service and each old one as redefined depend heavily on what the supervisor can contribute. The process of redefinition cannot be shaped and directed by a casework consultant whose contact with the practitioner is casual and voluntary or by a disconnected group of caseworkers, but requires that there be a supervisor who maintains an intimate connection with each caseworker and his case load. This connection exists because of the supervisor's function and his location in the agency.

It seems to me, therefore, that within the two processes--the development of the field of casework and the constant refinement of agency service--neither the caseworker nor the agency can ever arrive at such a level that further learning, change and growth are precluded. The supervisor's role in both of these processes is too vital to be dispensed with by the responsible agency.[2]

The Two-Way Learning Process

We usually view the supervisor's task primarily in terms of teaching, and it is the supervisor's perennial role of teacher on which questions have been focused. Underlying the preceding discussion is the implication that the supervisor's task is not alone to teach but also to learn. Proceeding from the premise that there is no end to learning in casework, we maintain also that there is no end to the learning that the supervisor must continue on behalf of the agency. His own expanding resources from which to teach depend heavily on the practice of the caseworkers whom he is supervising. Much of what he can evaluate and conceptualize from the daily practice of the caseworkers under this supervision can be fruitfully used with other workers for other cases and for increasing the agency's clarity about its potentials and its definition of service. What is needed is a relationship between caseworker and supervisor in which both can learn. This two-way process of learning should be openly avowed so that the worker can see himself as a contributor rather than as a perpetual apprentice.

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[1] Charlotte S. Henry, "Criteria for Determining Readiness of Staff to Function without Supervision," Administration, Supervision, and Consultation, Family Service Association of America, New York, 1955, pp. 38-39.

[1] A similar view is expressed by Jeanette Hansford, "Integration of the Teaching and Administrative Aspects of Supervision," Administration, Supervision, and Consultation, supra, pp. 51-58.

The agency draws from the same spring to increase its own resources for offering help. We often say that the agency defines a service, establishes a structure, and devises new means of meeting changing needs. But an agency that is soundly conceived is not merely the executive or the supervisor, or any one level of the organization. The agency consists of a series of interacting parts. The supervisor and caseworker each has a specific part to play in conceptualizing from practice and contributing to the agency's development of service. This kind of learning originates in practice and goes back into practice, and rests on the assumption that the agency as a whole, supervisors and caseworkers included, is committed to an ever-changing and growing practice. Little of what has been presented here would obtain if at any level the view were held that the agency's practice is based on ultmate unchangeable truth, or need not be responsive to a changing society; or if the upper levels of the agency hierarchy were so monolithic, so bent on self-aggrandisement--as hierarchies tend to be--that the worker's contribution would be ignored.

The knowledge available to the field accumulates through the same evaluation and conceptualization of experience which I have described as taking place within the agency. It is at the caseworker-supervisor practice level that much of the new knowledge of practice originates. Since this hierarchy of learning stems from the caseworker, I shall return to that level of practice for a moment to emphasize a related point.

It is the supervisor's task to rescue from oblivion the contribution of the caseworker. It is hard to see how anyone less intimately connected with him could do so. What one caseworker can demonstrate, learn, or experiment with may, through the perception of the supervisor, be taught to others, or may be proposed as policy and utilized in many ways. If the caseworker always knew when he did something new, was aware that his particular skills were illuminating an unsolved agency problem, or could develop broad concepts from his own experience and was aggressive enough to bring them to the attention of administration, perhaps a supervisor would not be needed. This is a gratuitous statement, for even if all this were possible, I do not know how the many developments that emerge in the practice of a district or unit would be tested, examined, and utilized by other members of the agency's staff without the knowledgeable intervention of the supervisor. Often refinements of the treatment process are developed which do not appear as written policy; or they may be--and frequently are--of a nature difficult for the caseworker to accept and use helpfully with the aid of group discussion alone.

There are other aspects of this task which are particularly appropriate for the supervisor to undertake. One is to recognize the contribution of the caseworker which does not fit within the agency's program or which might be undesirable in other ways. A worker's warm identification with his agency can cool, or his creative impulse be inhibited, when his ideas are ignored or rejected. Shared with a perceptive supervisor, his contribution at least can be warmly received, and his interest and the impulse which lie behind it can be encouraged. Presumably, if his contribution can be used, it will be. How can the casworker's interest in the agency be held unless these "psychic dividends," as one worker called them, are made possible for him, and unless he can feel that he is contributing as creatively to the agency's growth as he does to his clients? I believe that unless there is a vital, useful, and meaningful relationship with the supervisor, the caseworker's contribution may well be lost and his readiness to make his contribution beyond the immediate daily tasks may be wasted. The supervisor's retention of responsibility for evaluation enhances the value of his role when he is a person who can nurture and cherish the creative activity of the caseworker.

Unique Quality of the Supervisory Relationship

Why is a continuing relationship with a supervisor necessary for the teaching-learning process that I have described? Why cannot it be satisfactorily carried out through consultation? Some social work theorists evidently hold that the worker's development proceeds from direct absorption of the diagnostic knowledge of the supervisor (or psychiatrist) who is acting as consultant. Most supervisors, in my opinion, would not accept this theory. What is asked of the worker is continuing inner growth to make possible the release of his creative self; an increasing ability to use himself more deeply in meeting the need of another; the ability to identify warmly and genuinely with the client and yet maintain unshakable responsibility for helpful agency-defined treatment; a capacity to understand the meaning of what the client is expressing in the relationship from moment to moment. Not all of this can be gained from a clinical understanding of diagnosis in static terms, nor of treatment as directed by another. Ever deeper levels of the self of the worker are involved and freedom to deepen the use of one's self is not brought about through intellectual learning alone. What is required

is a helping process for the worker himself--help in achieving self-conscious, disciplined use of himself, the kind of help which is available for the worker from the agency through supervision focused on specific cases.[1]

The worker can yield to and use the help that is available from the supervisor only if he can feel that the supervisor is there for him; that is, the relationship, though professional, must be real and honestly felt and accepted on both sides as an agency requirement. It makes a great difference that the supervisor consequently is available for immediate and direct practical help, emotional support, encouragement, needed information, and the like, with agency sanction for his continued use. Only in an ongoing, purposeful relationship process can the worker use the basic acceptance of himself by his own supervisor for his own development and growth. The authority the supervisor carries for ensuring that the agency's expectations in regard to standard performance and development are met may be the final fatcor that will enable the worker to yield to the help that is there for him.

When the caseworker's relationship is with a consultant only, he has the problem of taking implied or direct criticism without the support of a continuing helping relationship. Presumably the casework consultant would have at most a responsibility for handling of a specific case, not for the caseworker's continued growth. He cannot help the caseworker to put the diagnostic understanding gained into the practice unless the worker chooses to permit him to do so. Nor does he possess the dynamic of authority which the caseworker may need to use to help him do what is difficult.

At this point in the evolution of the social agency, and of casework and supervisory processes, only the person in the supervisory role can assure the agency that its knowledge and practice will be used with increasing skill and refinement in service to the client and that workers will be helped to develop skill in such practice and contribute toward the development of agency services. By the same token, the caseworker's tasks are so exacting, so heavy to carry, that the teaching and the help of the supervisor are essential for their accomplishment.

The Supervisor as Teacher-Learner

Another fundamental question is whether a mature worker still needs teaching supervision. The continuing role of the supervisor as teacher, which I believe is valid at any point in the caseworker's development, is inherent in the two-way learning-teaching process already described. From the agency's point of view the caseworker will always need a supervisor. The function of the supervisor as learner on behalf of the agency implies that there is always something to be gained by the agency through the supervisory process. This is true even when the caseworker who has an unusual ability to work with unmarried mothers, for example, may contribute to the development of the service through the perception of the supervisor who may not have comparable skill. The supervisor's assessment of the caseworker's contribution and his integration of it with the agency's practice, particulaarly in regard to the specifics of the helping process, are of value to the agency as it defines and redefines its services. They are of value to the caseworker also, since they enable hime to take conscious possession of what he is doing in practice and to add to it what is being learned form the experience of other workers. He, therefore, continues to learn as the agency learns. Thus, the pivotal role of the supervisor is based not alone on his individual qualities or skills--as considerable as we have a right to assume them to be--but on his position in the agency which enables him both to give and to take. Both supervisor and caseworker are learning and teaching on behalf of the agency. In this kind of two-way relationship the caseworker need not feel infantilized, overprotected, or anxious as has been suggested if supervision continues; nor does his professional status suffer.

The caseworker's professional satisfaction, however, is only a by-product and not the purpose of supervision. The function of supervision is to meet the agency's need for a responsible and growing service related to changing community requirements. In order to achieve this aim, supervision must, among other things, be directed toward the continuing professional growth of the caseworker. In a relationship such as I have described, the needs of the agency and the aspiration of the caseworker for fuller professional status may both be met.

The challenge to the field, therefore, is to avoid becoming so immersed in the problems supervision presents that its positive values are overlooked. These problems can be dealt with and overcome as social casework has overcome so many problems in the past. The real challenge is to appreciate that supervision is one of the most important contributions of social work and to recognize, and continue to make use of, its potential capacity for furthering the development of casework in the individual agency and in the profession.

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[1] Esther Schour, "Helping Social Workers Handle Work Stresses," Social Casework, Vol. XXXIV, No. 10 (1953). p 427.

EDUCATION PROCESS IN SUPERVISION

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The purpose of supervision of staff in a social agency is to promote the effective carrying out of the purpose for which the organization exists. The content of supervision is determined by the functions that the agency assumes in order to carry out this purpose, and by the degree of competence and self-direction attained by the worker.

The supervisor discharges his responsibility to the clientele-for whom the agency exists-through the worker. This means that over and above proficiency in the practice of casework, which is essential basic equipment, the supervisor needs additional skills in communicating his knowledge to others.

The choice of the methods the supervisor may use is influenced by the nature of the content to be learned and the long-range goals of supervision. The goals for the learner, in the main, are integration of knowledge, development of skill in practice, and personal emotional growth that enables him to use himself helpfully with others. The supervisor's aim is to help him attain these attributes to the degree required of a self-directing, professional worker. The worker not only acquires a body of knowledge intellectually, but must integrate this in such a way that he can use it to help people in trouble. Because he carries responsibility for doing something in relation to another's problems and works within a close, intimate relationship, he is personally involved. Feeling the impact of the client's emotions he finds himself reacting, and becomes aware of his own needs, attitudes, prejudices, and fears, realizing that they affect the degree of his own helpfulness. There is no right way and no formula; instead, he must learn to use himself naturally in application of knowledge and skill to the infinite variety of persons and situations dealt with.

All this does not go on uneventfully and without some travail for the worker. Charlotte Towle has contributed invaluable understanding of the role of the emotions in learning, the implications of which are of great importance.[1] Some of the following points about the learning process are being stressed here because they have vital bearing on the supervisory relationship and on the methods necessary to achieve supervisory aims.

Relation of Learning Process to Supervisory Methods

Before learning occurs, there must be some breaking into what is already known. Change is required in ways of thinking, feeling, and acting since the new is different and therefore opposes what has been learned before. This involves giving up the security of the familiar and experiencing a period of unknowingness. Emotional equilibrium is thus disturbed as the individual responds to his desire to learn. As learning proceeds, balance is restored through the integrative function of the ego. If the demand is too great, immobilization results, with the individual opposing the new in order to protect himself against the anxiety aroused in him by forces too threatening and disintegrating, and he resorts to the excessive use of the familiar mechanisms of defense. Such reaction is characteristic of any learning situation, but is enhanced in casework because this experience so deeply involves the emotions. Imbalance, then, is to be expected and the task of the supervisor is to support the ego strengths of the worker so that this imbalance is kept at a minimum. The supervisor needs to provide sufficient challenge to stimulate the desire to learn, but must avoid immobilizing the worker by unrealistic expectations.

The relationship between the supervisor and the worker is the medium through which learning takes place and through which the supervisory purpose is achieved. It should, therefore, support ego strengths, help the worker keep emotional balance, and so facilitate learning. It should be a friendly and warm relationship, giving security to the worker and convincing him that the supervisor wants him to succeed and is not competitive with him; it should enable him to ask for help and to acknowledge what he does not know, to differ with the supervisor, to try out his own thinking and test that of the supervisor. He can then accept constructive

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[1] See Charlotte Towle, "The Classroom Teacher as Practitioner," Social Science Review, Vol. XXII, No. 3 (1948); "Emotional Elements in Learning in Professional Education," Professional Education, American Association of Schools of Social Work, New York, 1948; "The Contribution of Education for Social Casework to Practice," SOCIAL CASEWORK, Vol. XXXI, No. 8 (1950, p. 318.

criticism as a help to him rather than as an attack. This relationship should support him during discouragement; meet a valid dependency need; permit expression of feelings without fear; and stimulate him to learn through the supervisor's interest and the recognition of what he does well. It should not, however, be an overindulgent relationship, but one that challenges the worker to learn through the supervisor's realistic expectations of performance.

Functions of Supervisor

The kind of relationship that is established determines how effectively the supervisor can carry out the four main functions required of him-administering, teaching, consulting, and evaluating. All these have teaching content and should be viewed as parts of a total educational process. The teaching and consulting roles are the ones developed in this paper, but it is helpful to keep the over-all responsibility of the supervisor in mind.

The administrative function involves general "overseeing" of the job in order that the agency's purposes may be creditably carried out. Through this function, the supervisor helps the worker become aware of the kind of responsibility he has assumed by accepting a position with the agency, and dissipates any confusion he may have as to whether the aim is the development of the worker for his own sake, or his development as a professional person increasingly competent in giving service to the clientele. He expects of the worker performance that facilitates the operation and management of the agency, carrying out its policies and working agreements with others; and practice that promotes the welfare of the client. The aim is to help the worker eventually to become self-directing and self-disciplined in these matters, and, as he demonstrates that he is responsible, this aspect of supervision diminishes.

The evaluation process has the primary purpose of teaching. Through it the worker finds direction leading to emphasis or concentration where this is needed in his continuing efforts to improve practice. Direction is provided through the perspective gained from examining performance as a whole, and by viewing it critically over the period intervening since the last formal evaluation-seeing where the worker has made progress and what his shortcomings are. Realistic praise from the supervisor can be a stimulus and a support to continued learning and should be accorded its due place in evaluation conferences. Evaluation is a continuing process that goes on in every conference, yet needs to be formalized periodically to give this kind of perspective, to reveal trends in work, and to make possible a consideration of the over-all responsibility carried by the worker.

The teaching and consultation functions of supervision have been separated in this discussion in order to emphasize the need for both methods and for maintaining balance between them. For this purpose, the term "teaching" is used to describe the process of teaching directly what the worker does not know; "consultation," as the process of helping him draw on what he does know, or can find out for himself, in such a way that he will be able to use this knowledge in a new situation. Since effective teaching encourages participation from the learner in all cases, it is artificial to separate these functions in practice. Beginning with students, supervisory conferences typically involve both giving knowledge and drawing on that of the learner. It is important, however, that the supervisor be aware of the differences involved in each and use them appropriately in relation to the current learning need. Too little activity in the teaching role leaves the worker anxious and floundering in confusion because of the assumption that he should know how to go ahead. Too great activity encourages dependency or invites rebellion, retards the worker's capacity to think analytically, to learn through the testing of experience, and to use initiative and judgement, thus defeating the end purpose, which is his development as a professional person.

The Teaching Function

The teaching function includes the direct transmission of knowledge and information that represent new content to the worker. Since anxiety is aroused when one is in an "unknowing" position, it follows that the supervisor's aim is to reduce this by giving knowledge quickly when needed. For the new worker, this teaching begins with orientation to the agency-its structure, functions, policies, and procedures. He learns not only what these are, but the reasons for which they were formulated and their relationship to agency purpose and practice, and to the community as a whole.

Teaching is concerned also with the development of proficiency in the casework processes, with providing the worker with the knowledge of cultural and environmental factors and of the theory of human behavior which he may need to understand his clients more fully. After casework goals and the necessary steps to achieve them have been established, the supervisor teaches method in interviewing and in carrying out any other activities that are part of the treatment plan.

Role of Consultant

In the role of consultant, the supervisor helps the worker to draw on the knowledge he already possesses. He stimulates him to think about and make full use of the data available in the record, to interpret these in the light of his knowledge of theory, and to arrive at a diagnostic formulation for the case. If, in this process, it is seen that there are lacks in objective material concerning the client and his situation, the worker is helped to identify what he needs to know and how he can obtain it from the client and collateral sources. The supervisor encourages him to think through the treatment plan appropriate to the case and the methods of putting this into action.

Consultation should encourage the development of a research attitude of mind as the worker examines with the supervisor what he has done—analyzing what has happened, why it happened, whether it was helpful, and how it tested theory. Conferences that encourage maximum participation from the worker teach him how to share thinking with others and how to modify his own opinions by using the contribution of another's point of view. To try out one's thinking with another person, testing the validity of the reasons that support it, is an excellent learning method. It may confirm one's thinking or reveal its weakness so that new effort is expended in learning.

An important aspect of consultation is that of helping the worker in awareness of his own feelings if and when they are interfering with any part of job performance. Frequently this function is a matter of considerable concern to supervisors. Some may never touch on the worker's feelings and others tend to focus on his personality.

Considering the nature of casework, it can be expected that the worker will react emotionally at times, and if such reactions constitute an interference in performance, the supervisor cannot ignore them. Awareness of self is part of the knowledge caseworkers must have. Helping them to realize the need for this awareness is a responsibility of the supervisor, since the existence of irrational attitudes toward the client or supervisor is often not perceived by the worker.

While some supervisors may not touch upon the worker's feelings at all, others may be prone to diagnose the sole cause of his learning difficulties as insensitivity or involvement of his feelings. Perhaps such a predilection may be the result of their training and experience, which have been related to casework treatment in which they dealt with diagnosis of the personality. If the supervisor has not developed security in his use of teaching skills, it may be expected that when he is uneasy with them he will fall back on casework methods of helping others. This tendency may absolve the supervisor from taking responsibility for lacks in teaching. It is particularly important to be aware of teaching as a way of helping because, even when personal reactions are operating, they are apt to modify or disappear as the worker develops a fuller and more appreciative understanding of his clients. One way of determining the degree to which focusing on the personality of the worker is desirable is to examine how this relates to the purpose of supervision: Conferences are arranged to enable the worker to carry out effectively his share of agency responsibility; using them for discussion of the worker's personal problems to an extent that interferes with that business is inappropriate.

In view of the nature of the casework job and the purpose of supervision, we can find the rationale for an opinion that has had acceptance in the field. The supervisor does not "treat" the worker, but does give help in handling feeling reactions if they are interfering with performance. The supervisor's focus is always on the worker as a doer of the agency's job and therefore he deals with feelings only when they adversely affect that work.

There are a number of ways of giving help in this area which are related to the kind and degree of need in the worker. Frequently, the permission and encouragement given to him to discharge his feelings with the supervisor offer enough help, releasing and draining off tensions that might otherwise be acted out with clients. An essential in this process is the existence of the kind of supervisory relationship described earlier. In addition, help may be given by objectifying the situation and focusing attention on the client, enabling the worker to modify his reactions through understanding the reasons for the behavior and attitudes that have provoked them. If these methods are insufficient, it may be necessary for the supervisor to indicate more directly that something is interfering with the worker's performance and to suggest that he think about what this might be. Usually by this time there is evidence from several interviews or from the way in which the worker is handling certain situations which convinces the worker of the need for self-appraisal. Frequently the recognition of this is enough, but without it he cannot take the next step in assuming responsibility for understanding and handling his reactions. In some instances the worker needs professional help in arriving at understanding of self. Discussing the purpose of supervision with him should clarify why this should not come from the supervisor. Consideration of seeking help outside should be on the basis of its being one of the ways that the worker may elect to use to help himself, but it should not be presented as a condition of employment.

This kind of approach to helping the worker become aware of his own feelings is different from casework treatment in that it stops with recognition and does not attempt to get into the origins of the feelings or ask the "why" of them. The supervisor's interest is not in what makes up the feeling, but in helping the worker see that it is affecting his ability to work. Another difference is that the supervisor does not encourage continuing discussion of this from conference to conference. He may listen if the worker voluntarily shares his thinking, but the extent to which this is permissible can be determined by measuring its interference with the real purpose of the conferences.

It might be noted that these are the realistic functions that are a part of the supervisor's responsibility. The worker, however, may cast him other roles. Dependency upon the supervisor, inherent in the situation when the worker is in the learning position, often reactivates early conflicts and, depending upon the degree to which they have been resolved, workers may identify supervisors with parents or other authoritative figures in their past experience. Attitudes of this kind are irrational in the sense that they do not belong to the real situation.

Although aspects of all the supervisory functions that have been discussed may enter any conference, it is helpful if the supervisor, in preparing for a conference, considers what it is important to emphasize at a given time and how he will go about it, attempting to make an educational diagnosis. An outline such as the following might be used as a guide:

I. Determine the learning problem. What are the shortcomings in worker's practice as seen through the case record?
II. Identify the cause of the problem.
  A. Does the worker lack understanding?
    1. Of the nature of the client's situation and problem?
    2. Of the kind of person the client is?
      a. Is this because he has insufficient data about the client and his situation?
      b. Is it because he lacks knowledge of theory to interpret what he finds?
      c. Is it because the worker is insensitive-knows the client intellectually but is not emotionally responsive?
    3. Of the goals and limits of the treatment plan?
    4. Of the relationship between steps in the process and end goals?
    5. Of policy, procedure, or working agreements with other agencies?
  B. Does the worker lack skill in studying, interviewing, or carrying out any other aspect of treatment plan?
  C. Is the worker personally involved with client, with supervisor? Is he under stress outside or the work situation?
III. Identify the worker's strengths. Identify and evaluate positive aspects of his work in performance; in relationship with clients; in sensitivity and favorable motivation, and so on.
IV. Determine content of the conference, selecting immediate priorities.
V. Determine method and approach.

Some combination of factors operating as the basis for problems, rather than a single cause, will probably be found. It is helpful, nevertheless, to identify the major difficulty in order to focus conferences and set priorities for a given time.

The material that helps the supervisor answer the questions raised in the above outline is largely in the recorded interviews that the supervisor studies in preparation for the conference. There is no substitute for reading records, since the supervisor may receive only a partial and sometimes distorted view through verbal presentation. If there are blind spots, if the worker does not attach importance to some things because he does not recognize their significance, if he fails to understand the effect of his way of dealing with the client, it is through record reading, supplemented by discussion in conference, that the supervisor can be alerted to the areas that need examination. In addition, the supervisor can, in this way, draw on the sum of knowledge of the worker's performance acquired over a period of time in order to understand his current learning needs.

Teaching and Consultation in Areas of Special Difficulty

I should like to select two related areas of difficulty for discussion, and to consider particularly the teaching-consulting roles of the supervisor in helping with them. The first is lack of understanding of the diagnosis of the case; the second, lack of clarity on long-range goals or objectives and the connection between these objectives and the steps in the process.

A number of problems that may contribute to the first area can be identified, and may suggest areas of teaching content. One is failure to make full use of the data already available in the case record. Another is failure to recognize the importance of the study process the securing of facts about the client and his situation which provide the evidence on which diagnosis is based. Associated with this is lack of understanding as to when there is need to verify the client's account appreciating that he is presenting things as he sees them but that his view may be influenced by emotional involvement or by not having all the facts. Another problem is seen in the worker who understands intellectually but not emotionally. He formulates a diagnosis or accepts that of the supervisor, but has a detached view of the client, not really seeing the person behind the diagnosis or comprehending what his difficulties mean to him. Sometimes a worker may draw on experiences of his own which are similar to those of the client, using his reaction to them as the basis for his interpretation. Identification with particular persons in a case, such as with a child or with one or the other of marital partners, is frequently encountered. Another problem that is fairly common is the worker's difficulty in understanding ambivalence, with the result that he is led in the direction of what the client says he wants without recognizing that his behavior often denies this.

In the second area-lack of clarity on long-range objectives and the relationship of steps in the process to these-it is also possible to identify some common problems. One that occurs repetitively is failure to recognize the significance of financial need. The worker may either overlook or avoid it, or, conversely, focus attention on budgeting per se without examination of the effect on the end goal of giving reasurance too readily; failing to help the client express his problem fully; failure to clarify with the client the kind of help the agency can give him; listening but giving no focus or direction to interviews; and tentativness in getting at aspects of the problem which need consideration. Other examples could be added, but those mentioned have been suggested because they are apt to be associated with a lack of knowledge of diagnosis and planning.

An educational approach to dealing with such problems as the above starts with teaching understanding of the client, since it is important for the worker to have a broad view of the case before dealing with methods and techniques, which can be evaluated only in the light of diagnosis and objectives. Where the worker has been inept, it is not necessary for the supervisor to point this out, or to ask "why" he handled the situation the way he did, which suggests his personal involvement, but rather to raise questions that lead him to understand the current situation in the light of the life experience of the client and the meaning this had for him. Through the interest of the supervisor in further study and exploration and the opening up of new considerations, the worker is often stimulated to look further into the case, to consider what else he needs to know and understand, and how this can be achieved. Frequently we find that the difficulty lies in the worker basing his activity on a diagnosis that is impressionistic. We can teach an orderly way of studying a case, helping the worker to interpret information and to inquire into aspects of the situation with the client, searching for background material which may illuminate his action, attitudes, and verbalizations, If there are discrepancies between known facts and the worker's opinion, these may be pointed up. Questions that help the worker to appreciate what is must be like to undergo damaging experiences lead to understanding of the client's feelings. For example, in cases where overidentification with a child is present, helping the worker to see the mother as she was when a little girl often overcomes the difficulty, since the worker's identification with children then carries over to her, too. If workers can be helped to develop positive feeling for clients out of what they learn about them--seeing them as people in need of help and recognizing their likable qualities--the negative reactions may disappear without our calling direct attention to them.

Workers are sometimes uneasy because of positive as well as negative reactions toward clients. Perhaps the interference of feelings has been stressed so strongly that supervisors have overlooked teaching their positive value, and so have not helped workers know that being able to feel is not only allowable, but essential, to good casework practice.

By using mistakes constructively, the worker can be kept from having an immobilizing sense of failure. Work that has been well done can be used to illustrate the point the supervisor is teaching. Evidences of sensitivity, of sound motivation, of the client's positive response, are strengths that the supervisor can use to facilitate learning.

In teaching diagnosis, it is extremely helpful to require recording of statements of diagnostic thinking which have evolved out of supervisory or psychiatric consultation. The writing of these clarifies the worker's thinking, and also allows the supervisor to see immediately whether the teaching has been understood and integrated.

After the worker has sufficient general understanding of the case, he is better able to discuss what he sees as objectives and how he thinks these may be achieved through individual interviews and other activities. His continuing interviews can be evaluated in the light of whether or not the method is appropriate in view of the diagnosis, and whether they are contributing to achievement of end goals. Difficulties in unfocused interviewing, in helping clients to express when material is painful, and in inappropriate reassurance can be dealt with by testing interviews in this way, followed by discussion of alternate ways that might be more helpful. It is important for workers to learn not only that something they have done is good or poor, but why this is so in relation to diagnosis and objectives. It is in this way that intuitive handling becomes a part of conscious learning so that methods and techniques can be carried over selectively to other cases.

Conference Record

Some of the teaching points discussed above can be illustrated by examining a supervisor's record of a conference.

> The worker was new to the agency and inexperienced in placement service. The conference had been planned prior to contact with the client to discuss the assignment of a 25-year-old, Negro, unmarried girl, eight months pregnant, who had asked that her baby be adopted. The worker was early and talked rather excitedly as she came in. I began by asking what kind of experience she had had similar to this. She said that she had not had any, and was "scared to death," but she thought she would like the case. She did not know what she was afraid of, "just the unknown," she guessed. I said I could understand she was afraid, we all are when faced with something new. She volunteered that she had "no feeling" about an unmarried mother and did not think of such a girl as being "good or bad."

Knowing that this was an unfamiliar area for the worker, the supervisor set the conference before the first interview so that the worker could feel prepared for the interview, would be less self-conscious in meeting with the girl, and would have a better chance of making the experience a successful one. The supervisor observed her uneasiness and asked a question that allowed her to express fear, which is understood and accepted as a reaction common to all of us. The denial of feeling about an unmarried mother suggests its presence, and at this point the supervisor had the choice of focusing on the worker or the client.

> I asked if she would tell me her impression as she read the intake interview. She said that the mother was in great conflict over the baby and it would be her job to help her think through her decision. She did not think the mother understood what she was doing-there were ways for her to keep the baby if she wanted to. I said that was true. What was in the record which made her think that the mother was in conflict? She could not think of anything but maybe she should inject material creating conflict so that the girl could see alternative plans.

The supervisor decided to encourage the worker to discuss the case, drawing from her what she already knew from reading the intake interview. She attempted to help the worker think more carefully about the kind of responsibility that was expected of her. On what was her plan based? Was it her own feelings which became the basis for interpreting the material as an inclination toward "keeping the baby"? Was it because she knew theoretically that many unmarried mothers are in conflict about this kind of decision? Did she lack knowledge? The supervisor asked for evidence for her impression, which helped the worker to see that she had none, at least at that time. The worker's reply suggested that without supervisory help she would have been off to a difficult start for both herself and the client. Again the supervisor had choices-to raise a question about the worker's plan, to direct attention to the idea of conflict as coming from the worker herself, to teach theoretically about work with unmarried mothers, or to help her understand the girl.

> I suggested that we leave this for a moment. If we were going to be helpful, we would have to understand how the girl felt and why she was acting as she was. Maybe this would help us in knowing what to do about the "conflict." What kind of person did this girl seem to be?
>
> The worker said that the intake worker thought she was dull because she was slow in thinking and asked no questions. The worker thought this might not be true, saying

this was a new situation and maybe the girl was frightened and could not express herself. Her background showed that she was deprived. Her parents had died when she was "too young to remember." She had lived with "this one and that." The worker said the girl seemed so much alone, with no family or friends. The baby's father had left her. I asked what was peculiar about her living arrangements. She said the woman with whom the girl lived was an acquaintance she had met on the streetcar.

We discussed here the importance of early relationships, with elaboration of their effects in later life. I said we did not really know what had happened to this girl, but we could see a pattern of interruptions in her relationships. The worker commented on the early death of the girl's parents, and that she was probably starved for love, trying to compensate for what she had missed by picking up with anyone who paid attention to her, particularly older people like the alleged father of the baby and the landlady.

She wondered if the morals of Negroes might have something to do with it-weren't they more accepting of this kind of thing? I said, from my experience, it seemed that this depended on the group or the community, rather than the race. We agreed we did not know at this point just how this girl felt about her baby and maybe we would not be able to know for some time. We would be on the lookout for attitudes and feelings about it.

The supervisor saw that the worker was not ready to formulate any plan and had not as yet made use of the data in the record, but she did not make her feel inept for suggesting her plan. She helped her to understand the particular girl with whom she was to work, stimulating her interest in looking for reasons for the girl's behavior, and so taught an approach to a case through the study process. She chose to draw from the worker what she was in a position to know rather than to interpret the material herself at that point. With attention directed to the girl and guided by the supervisor's questions, the worker could recall a good deal of factual information from the intake interview, show some sensitivity to the meaning of this to the girl, and have some feeling for her loneliness. With this as background, the supervisor then used direct teaching in connection with the importance of early relationships, relating this to the client with the idea that they did not know the girl as yet, and stimulating the worker to understand her further.

I suggested that we consider again whether to discuss alternate ways of caring for the baby. The worker said that the girl had already said she wanted adoption. She did not want a foster home because she could not pay board and she did not want to keep the baby because she wanted to work. I asked the worker if she wanted to review these possibilities with the girl. The worker did not think that such a review at this time would seem helpful. I agreed, and asked if she thought that suggesting other plans would make the girl think that the worker questioned whether she was doing the right thing. She had not thought of that, but maybe it would be true. I added that the birth of the baby might reactivate many feelings and she might then become unsettled about the plan she had made.

I thought we might now consider the approach that might best be used with the girl. From this point, the worker developed her plan with encouragement and favorable comment from me as she went along. She wanted to show the girl that she was interested in her, and would want to know how she was managing financially, how she was feeling, and whether she was attending the clinic. The worker wished to clarify what the agency could do financially and said that eventually she might be able to help the client with vocational planning, since she knew she was dissatisfied with her old job. I commented that the worker was really considering the girl first as a person and second as a mother. She said this would be good for her--she needed someone interested in her and then maybe she could think about the baby. She would try to get her to talk about how she felt about the baby's coming. She thought if the girl asked about it, she could tell her that we would be able to take the baby. The worker then remarked that perhaps the girl would not talk and that she herself would then come back "beaten." I said that it might be rather difficult to get the girl to talk, as had been true in the intake interview. She might want to feel the worker out before she would be able to give much of herself, "but if you come back beaten, we'll take inventory and try another approach."

The supervisor again picked up the worker's earlier suggestion, at the same time leaving the planning with her. The realization that the supervisor did not expect her to understand immediately all that was involved removed the worker's feeling of urgency to provide a solution quickly. It is worth noting that she now brought a different kind of evidence from the

record, indicating that the girl had considered alternative plans and had made a choice for the present. The supervisor, however, prepared the worker for the possibility of ambivalence later. The decision not to review plans came from the worker, with the supervisor reinforcing it. Having made a beginning in understanding the girl, she was helped to develop her plan for the first interview--considering how she would use this understanding to direct her approach, how she would carry on the interview, and how she would try to understand the girl further. The supervisor used the consulting method in part, helping the worker to draw on what she knew of building a relationship with a client and assisting with immediate needs. When the worker revealed that she did not know about financial assistance policies, the supervisor taught directly. She reinforced the focus on the mother as a person, with her own problems in adjustment to life, rather than using her as an instrument to plan for the baby. The goals for the first interview were limited. When the worker again felt insecure and anticipated defeat, the supervisor was supporting, not expecting too much of her and not becoming over-concerned about a temporary setback.

Summary

Supervision in social casework is an educational process and teaching, therefore, is the primary function of the supervisor. According to this view, all the aspects of supervision-administering, teaching-consulting, and evaluation--are parts of this total process since each of them involves learning content that contributes to the attainment of the supervisory aim of helping in the development of professional workers who are self-directing, self-disciplined, and increasingly skilful in giving service to clients. The effectiveness of supervisory methods in achieving this aim can be measured by the extent to which these methods facilitate the learning process.

The importance of the relationship between the supervisor and the worker has been stressed, since this relationship is the medium through which learning takes place and through which purpose and goals are achieved.

Recognition has been given to the fact that the worker's emotional involvement is sometimes the cause of problems in practice. On the premise that self-awareness is a necessary part of the knowledge that the worker must acquire, it is the supervisor's responsibility to help him realize the need for it, if feeling reactions are interfering with performance. There are, however, ways to help the worker achieve this self-knowledge other than by focusing directly on his personality. Also, difficulties that frequently are attributed to the personal problems of the worker may be the result of lack of knowledge, or due to the anxiety that arises when the worker's emotional balance is threatened by his lack of knowledge. Teaching is therefore the first choice of the methods available to the supervisor. An educational approach based on a diagnosis of the worker's learning needs helps in assuring that he will have the knowledge he requires to arrive at a full and emotional understanding of the client and his situation, to formulate the long-range casework goals, and to plan the steps he will take in the process of helping the client attain these goals.

A Concept of Supervision Based on Definitions of Job Responsibility

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THE POINT OF VIEW expressed in this paper is that the job of casework supervisor is, in essence, an administrative job. Both of the major components of casework supervision--teaching and management--are administrative functions. I should like to discuss in some detail the job responsibilities of a supervisor and a caseworker, the specific performance requirements of each of these jobs, and the effects of the differences between the job responsibilities of these two positions on the content of supervision and on the supervisor-caseworker relationship.

The following suggested definitions of job responsibility are based on two specific premises. First, the caseworker, whose job assignment is the giving of direct service to clients, must assume the primary responsibility for his own work and for his own continued professional development. Second, the supervisor, by nature of his job assignment, has the primary responsibility for facilitating the work of the casework staff. Both the caseworker and the supervisor are responsible for implementing the purpose and function of the agency, although their job assignments are different. The point at which these two jobs meet is in the mutual concern for giving effective service.

The executive staff of the Jewish Family and Community Service of Chicago presented to the supervisory staff the following propositions: (1) that the core of the supervisor's job is administrative leadership; (2) that the caseworker bears the major responsibility for his own work. Meeting together as a group, the executive and supervisory staffs were asked to examine job content and supervisory practice in the light of these propositions. The willingness of the staff members to be freely critical of the agency's established practices and procedures created an atmosphere in which everyone could react, consider, and work together on these propositions. The group is continuing to examine the formulations presented in this paper, their applicability to supervisory practice, and the traditional professional attitudes that further or impede their implementation.

Although the point of view that supervision is inherently an administrative function is a departure from the usual concept that supervision has two distinct components, teaching and administration, the two specific premises are neither new nor startling. The literature is replete with discussion of the roles of the supervisor in teaching and management. The long history of attempts to interpret and implement these roles is one of trial and error. A great deal of both positive and negative emotion has been associated with these efforts.

Basic Assumptions

Basic to the considerations presented in this paper is the assumption that every professionally trained staff member has some measure of competence. By this is meant that, upon completion of training in a school of social work, a caseworker is presumed to be able to meet the requirements for the position of Caseworker I, as described in many agency classification plans and in such statements as A Guide to Classfication of Professional Positions and Evaluation Outlines in a Family Agency.[1] Moreover, a caseworker who has had work experience is hired on the basis of his presumed ability to meet designated job classification requirements. The agency is responsible for delineating in relation to the worker's level of experience the job assignment in regard to such specific matters as the nature of the caseload, qualitative and quantitative standards of practice, explicit recording requirements, routines, evaluation procedures, and the agency resources available for help in carrying out the job. Supervision is one of these resources. Within this framework, the agency assumes that the caseworker will use his knowledge and capacity to the best of his ability and that he will use all of the available professional resources in the interest of continuing to increase his capacity for giving effective service.

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[1] Family Service Association of America, New York, 1957.

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These assumptions about competence and self-responsiblity have been neither clearly understood nor wholeheartedly accepted. For example, although schools of social work state that the new graduate has some ability to perform in a job, they, as well as agencies, have stressed the need for the recent graduate to have "very close supervision" for the first several years of practice. Relatively little emphasis has been placed on the beginning caseworker's ability to perform and to take responsiblity for further developing his capacities. Rather, emphasis has been placed on the quality and quantity of supervision, as if the caseworker's developemnt proceeds in direct ratio to the kind and extent of supervision. This concept is highly questionable. We know that the most effective learning is learning that is self-motivated. It is stimulated by normal impulses toward growth and reaches its highest level when associated with self-responsibility for achievement. Even in the instance of an externship, it is unsound to have the acheivement of the educational goals largely dependent on supervision as the main medium for learning.

The new graduate does not entirely accept the fact that he has the ability to perform on a job. His doubts are revealed in his anxiety to be given "good supervision." Nor is this anxiety confined to the worker who is seeking his first casework job. Much of it stems from the wish to be helpful to people, but some of it is related to the inordinate value falsely placed on supervision as a means of learning and of assuring good service.

Responsibilities of the Supervisor

Essentially, supervision is a job of administrative leadership. The agency is responsible for designating the job responsibilities and requirements for supervisors at various levels of experience. Since schools of social work cannot provide specific training in supervision within the Master's curriculum, the agency has to establish an in-service training program for the beginning supervisor. In hiring a supervisor with experience, the agency assumes that (1) he has the degree of competence in casework practice that is required to facilitate the work of casework staff; (2) he is able to transmit knowledge effectively; (3) he is capable of assessing the performance and the professional developemntal needs of casework staff; (4) he has a body of knowledge about differential supervisory methods which he can apply discriminatingly; and (5) he understands authority and uses it appropriately.

The agency expects the supervisor to continue to develop his skills in casework and supervisory practice. He is not necessarily expected to be the most skilled practitioner in the agency. He is expected, however, to reexamine casework concepts, to acquire new knowledge about human behavior as it emerges, and to encourage the casework staff to examine and experiment with new concepts and techniques. He is expected to use the resources both within and outside the agency to enhance his casework knowledge and supervisory practice.

The supervisor is not expected to have achieved mastery in all the areas of casework knowledge. His lack of knowledge in certain areas may make him unable to be of assistance to casework staff in dealing with some cases. Both the supervisor and the administrative personnel to whom he is accountable should accept the fact that he has both strengths and limitations and that he may have "blind spots" in respect to certain cases and in his supervisory methodology. Such acceptance should make it possible for the supervisor to handle these variations in his knowledge comfortably, and should free him and the staff to use other helpful resources appropriately. The superivsor is not expected to work with all members of the casework staff with equal ability or ease, but he is responsible for using his reactions to different staff members and their ways of working in a disciplined fashion.

Certain responsibilities that by tradition have been attached to the supervisor's job no longer seem valid. The supervisor has been held accountable for the specific service given in a case, for knowing the total caseload, and for promoting the competence of casework staff. In the wish to provide good service, agencies have fostered the idea that the supervisor is responsible for the sevice given in a case by calling him, not the caseworker, to account when the community complains. Not only has this concept increased the worker's unwholesome dependence on the supervisor and the supervisor's over-control of the worker, but it also has served to place the supervisor in the untenable position of a buffer or protector between caseworkers and other administrative personnel. At times it is necessary for the supervisor to be specific and direct about what must be done in a particular case in order to avoid serious consequences. This is clearly an appropriate use of supervisory authority, but it should not be thought of as sharing with the caseworker the responsiblity for the case. The supervisor is not responsible for, and cannot share responsibility with, the caseworker for either the kind or the quality of service given in a case.

The supervisor cannot know the total caseload to the extent that he can control the quality of service or prevent errors, nor should he attempt to do so, since the management of cases is the caseworkeer's responsibility. Similarly, the supervisor cannot make caseworkers competent

by injecting knowledge into them. The quality of casework service in an agency depends upon the quality of casework staff. The latter, in turn, is highly influenced by the caseworker's motivations for giving the best service of which he is capable. The supervisor can and should serve as a vital resource in the caseworker's own achievement efforts. Indeed, the supervisor is responsible for providing leadership in this area.

Another traditional concept of the supervisor's role that requires reexamination is that the supervisor's primary job responsibility is teaching. A nod is given to the so-called "administrative" aspects of supervision, which are considered less important and somewhat distasteful. As a teacher, the supervisor has been in conflict about discharging various administrative duties, including evaluation of workers, since these seem to intrude like a foreign body into the benign teacher-learner relationship.

The teaching component in the supervisor's job has been stressed because he has been held responsible for the casework service given and for the level of competence of the casework staff. The evaluation of his own supervisory competence has often been related to the success or failure of his supervisees. If, as has been stated here, the caseworker is responsible for his own work and is largely responsible for his own continuing development, and if the supervisor's job is one of administrative facilitation, it becomes manifestly impossible to separate the teaching and management components of supervision. They are fused together and form an integrated unit.

Specific Job Responsibilities

Within the framework described above, the specific job responsibilities of the supervisor may be described as follows:

1. The supervisor is responsible for (a) knowing how effective the the caseworker's service is, (b) assisting the caseworker to give service according to the standards of the agency, and (c) assisting the caseworker to develop further skill in giving effective service. Beyond this, he is responsible for developing ideas and content which will influence the standards of casework practice in the agency.

The supervisor learns how effective the caseworker's service is and how he may assist the worker in implementing and enhancing the service by evaluating the worker's request for supervision. In preparing for a discussion with the worker, the supervisor needs to assess the purpose and validity of the request in terms of its appropriateness to the case and to the worker's level of skill and experience. Although it is not possible, in this paper, to describe the specific supervisory methodology to be used in a variety of situations, one important principle can be noted: the supervisor should teach the concepts relevant to the handling of a case rather than the specifics of what the worker should do. The basis for conceptual teaching is the educational principle that a person can learn to apply his knowledge to a variety of situations more rapidly, more effectively, and more creatively when his learning is based on general theories and ideas than when it is based on specific knowledge gained in one case which he attempts to apply to another. In following this principle, the supervisor does not teach the specifics of practice in a given case but teaches, instead, the various possibilities, both theoretical and practical, that might affect the nature of service. Although these possibilities can be thought through in the supervisory conference, the caseworker is left with the responsibility of deciding what particular concepts or techniques are best suited to the management of the case and how and when they are to be applied. This is not to say that there may not be an occasion when a caseworker requests and uses supervision that is specific in regard to what and how to do something, but such an occasion should be considered special and unusual.

Basing his judgment on the caseworker's level of experience and skill, the supervisor has to decide when to offer assistance, when to leave the problem with the caseworker, and when to suggest the use of other agency resources in the interests of the case. Conceptual teaching requires of the supervisor a greater degree of casework knowledge and more self-discipline than the teaching of specifics case by case. For example, the supervisor should consider with the caseworker the problems that are impeding service rather than teach all the dynamics in the case or how the case is to be handled. Should a further supervisory conference seem advisable, it is the supervisor's responsibility to the purpose and time for it. When action in a case is imperative, however, the supervisor must use his authority to see that it is carried out.

The supervisor can also estimate how effectively service is being given by frequently reading a sample of the caseloads of his supervises for the purpose of observing trends in quality of service, the workers' areas of competence, and problem areas that require supervisory consideration. Reading for the purpose of observing trends should enable the

supervisor to assess areas of competence and limitations. The worker should be told of both kinds of observation. I should like to stress the value of letting the caseworker know about his successes since so frequently the supervisor is inclined to stress the failures. When problems are noted, the supervisor should assess whether they are due to the worker's lack of sufficient data, to his lack of understanding of psychological concepts or techniques, to his difficulties in understanding or responding to manifest or concealed meanings in the material, to his lack of awareness of his reactions to people, or to his inability to tolerate or manage the variety of emotions expressed. Are his problems related to working with the different phases of a case--intake, social study, evaluation, and treatment--as well as to his differing abilities in dealing with various problems and personalities? Trends in the quantity of his production are equally important to note.

It is obvious that the supervisor's reading to discover trends cannot be effective unless the agency sets recording requirements that are clear, specific, and feasible. The casework staff needs to understand the purpose that recording serves in relation to the supervisor's responsibility for facilitating service. The supervisor is responsible for orienting the caseworker to the agency's recording requirements and for dealing actively with the worker if there are problems in meeting recording requirements.

Knowledge derived from a continuous examination of trends through case reading, as well as from requests for supervision by the caseworker, enables the supervisor to understand the caseworker's characteristic ways of working and learning and his level of ability to give service. It enables the supervisor to formulate differential supervisory plans related both to service needs and to the caseworker's ability to meet these needs according to the job expectations for his position classification.

In thinking through a possible supervisory plan or in making a decision that no supervisory intervention is required, certain questions must be answered by the supervisor. Do the trends in performance appear to be within normal expectations for the caseworker's level of experience, and, if so, are certain problem areas best left untouched while the caseworker accumulates knowledge and experience or can development be facilitated by supervision? Are there special areas of difficulty in groups of cases that can be singled out for consideration with the caseworker? How serious are particular difficulties as they affect service in a single case or a group of cases?

The supervisor is responsible for taking action when the need for such is indicated by general trends or by the developments in a specific case. Such action requires selfdiscipline on the part of the supervisor. He must judge how important the problem areas are in relation to service to the client and also to the worker's job requriements. He must permit the worker some freedom in making errors and should contain his concern until he knows their consequences in terms of service. A supervisory plan should be specific and should be discussed with the caseworker, so that there is mutual understanding as to the specific areas to be worked on and the time to be devoted to this purpose.

The supervisor should plan, in relation to each of his supervisees, the particular supervisory methodology and ther learning resources to be used. How does the caseworker learn best? What are the indications for limiting his teaching to a circumscribed area or for extending it beyond what the caseworker recognizes or asks for? What should be handled by didactic teaching? Which learning blocks does the caseworker need to become aware of; which are best left untouched? What other resources in the agency does the supervisor need to call upon in working with the caseworker?

A third way in which the supervision can facilitate or enhance service is by using the knowledge gained from an examination of trends to determine when individual supervision is most useful and when a group process is preferable. Although it is not possible within the limitations of this paper to describe in detail the various uses of groups, I should like to emphasize the supervisor's responsibility for leadership in assessing the need for a particular type of group and for bringing this need to the attention of the appropriate administrative personnel.

2. The supervisor is also responsible for facilitating the work of the casework staff through using agency procedures and routines in such a way that a smooth flow of service is assured. He orients the casework staff to the management aspects of the job. He takes leadership in initiating staff discussion management operations and in implementing agency policies. He conveys to the executive staff his observations in regard to the casework program, the quality of practice, the developmental needs of staff, and so forth. He encourages casewoerk staff to bring questions and ideas concerning program, practice, and operations to appropriate personnel in the agency.

3. The supervisor is responsible for evaluating the casework staff in accordance with agency classification requirements and for making appropriate recommendations in relation to salary changes, promotions, separations, and so on. In many agencies, evaluations are expected to serve two main purposes: (a) the asssessment of performance as a basis for salary changes, and (b) the assessment of the worker's progress and his future developmental needs. When used in this way, the periodic evaluation serves an educational as well as a practical purpose. The caseworker often shares in the evaluation process, and the written document shows the results of joint consideration between caseworker and supervisor. Material about the caseworker-supervisor relationship is frequently included. Using the evaluation process as an educational method is highly questionable.

The written periodic evaluation is an administrative document to be prepared only for the purpose of making judgments about changes in salary or job assignment and about reclassification or separation from the agency. Hence, the written evaluation is a statement concerned specifically with the performance of the caseworker in accordance with the requirements of the job. It is not concerned with describing the difficulties the worker has overcome or the areas that he will be expected to work on in the future. It is not concerned with how the caseworker learns or the nature of the supervisor-caseworker relationship. If the supervisor and worker have engaged in continuing evaluation for any length of time, the written document should contain no surprises for the caseworker. It may vary in length from a very brief statement indicating that the caseworker has met agency requirements to a full assessment at a point of reclassification or marked change in performance.

The evaluation that represents an administrative judgment is written by the supervisor without prior discussion with the caseworker. It is objective insofar as it is based on accepted criteria for performance; it is subjective insofar as it represents a judgment. Wherever possible, the judgments of the supervisor and of appropriate administrative personnel should be pooled to ensure objectivity, but the supervisor has primary responsibility for collecting the data and making the assessment. The significant data on which an assessment is based are the trends in performance judged in relation to the designated requirements of the job. The written evaluation may well be used as the basis for discussion between caseworker and supervisor of the worker's present performance and his developmental needs. The caseworker should discuss with appropriate personnel his questions about or disagreements with the written evaluation.

In summary, since supervision is essentially an administrative job, the functions of teaching, management, and evaluation cannot be separated from each other nor can they be assigned to different persons within the agency. Individual supervision should remain as one part of an agency's staff development program. Groups may serve certain training purposes or may be used to implement certain aspects of the agency's work. The core of the supervisor's job is giving administrative leadership to the casework program.

The Caseworker

The caseworker has the primary responsibility for giving direct service to clients to the best of his ability and within the job requirements for his level of experience. He must assume the major responsibility for his own performance and for continuing to acquire knowledge and skill. The new or beginning staff member should be given orientation to the agency, to the specifics of its program, policies, and resources. But he also needs to be granted freedom to take responsibility for his own work--freedom to use his capacities and to discern and work on those areas in which he needs to develop further.

1. The caseworker is responsible for identifying his areas of competence, of partial ability, or of limitation. This includes identifying gaps in his theoretical knowledge or in the application of theory to practice, his special skills or problems in psychosocial evaluation and treatment, his special abilities or limitations in dealing with various problems or personalities, and his acknowledgement of personal reactions that enhance or interfere with his service. Making these identifications takes time; it can be accomplished only through his continuous experience in integrating theory and practice. The caseworker should use the supervisor as an aid in this process, but the latter cannot share responsibility with him for the quality of his casework or for the service he gives. Freedom to perform means taking responsibility for success, for failure, and for errors, seeking assistance in the interests of effective service, and deciding both the specific help he needs and which of the available resources he will use. He may choose to use the supervisor or other personnel the agency provides.

The caseworker has not been clear about his responsibility for his casework practice. As indicated previously, he has been confused because he has thought of case management as a responsibility shared with the supervisor. He has become resentful because he has felt that the supervisor was really directing his cases. Moreover, he has felt guilty over withholding from the supervisor difficult or "pet" cases. He has not felt the need to think through as clearly as possible the specific aspects of a case that are puzzling him and that may require supervisory consideration. He has tended to ask for help in general terms, with the result that the sheer mass of supervisory teaching has made him feel dependent and out of control in the management of the case.

The caseworker learns to recognize his skills and his gaps in knowledge not only by day-to-day work on cases, but by formulating concepts derived form an examination of groups of his cases. Such examination is the base for increasing his knowledge of his areas of mastery and the areas for continuing professional development.

As the caseworker gains experience in noting and assessing the trends in his work, he should be able to work skillfully and securely in the areas of his competence and to accept his limitations without loss of selfesteem. When the caseworker and supervisor work together appropriately, the caseworker is free to use supervision at any level of experience without the burden of dependence, hostility, or guilt. He is thus comfortable about seeking assistance in cases in which his limitations might seriously interfere with giving service. He can also use the supervisor's help in considering parts of a case, or a group of cases, for the purpose of conceptualizing his techniques, re-evaluating certain casework concepts, or experimenting with new or different concepts or techniques.

From the outset of his employment in the agency, the caseworker, whether beginning or experienced, should know that he will be held accountable for his work--for formulating his own thinking about a case prior to seeking supervisory assistance, for deciding what specific areas in which cases require supervisory consideration, and for examining the trends in his work. His purposeful use of supervision is more important than the frequency with which he seeks it.

2. The casework is responsible for his own continuing professional development. In a work situation, learning is not a specific goal in itself, but is related to the goal of increasing one's ability to provide effective service. Personal growth cannot be set as a job requirement, nor is it an appropriate area for supervision. As the caseworker identifies his own developmental needs, he should decide where and how these are to be met--how much reading he needs to do, what institutes or classes he might attend, and when to use supervisory help or other resources in the agency. Initially, the supervisor may encourage the caseworker to use a variety of resources; with experience, he should gain assurance and skill in choosing appropriate resources without necessarily channeling his requests through his immediate supervisor.

Accepting this concept will mean making changes in supervisory methodology. Making an assessment of the worker's educational needs has long been considered an important part of the supervisor's job. Supervising the new or beginning worker closely has been justified on the basis of helping him to develop his capacities. Thus, emphasis has been placed on the caseworker as "learner" rather than as "doer," and the worker has viewed himself as a learner for an unspecified number of years. Once it is clear that the caseworker has complete responsibility for doing his job and for developing his own skills, the supervisor should observe how the worker performs and learns before making a specific plan for supervising him.

This confusion about the caseworker as learner, or worker, has resulted in considering the more experienced worker an "independent worker" who may ask for "consultation" rather than for supervision or who may use the supervisor for guidance in certain questions of agency policy. When the caseworker is held responsible for his own work, there should be no question of dependence or independence, supervision or consultation at any level of experience. Rather, there should be a differential use of resources based on the complexities of the case material and on the caseworker's demonstrated abilities in relation to job expectations.

Viewing the supervisor as the major, and in some instances the sole, medium of continuing professional development has hampered the worker's achievement of professional maturity. His feelings of dependency and hostility have been stimulated, and he has reacted by "flight or fight." The supervisor has tended to become over-controlling and protective. Under the plan suggested here, there is no reason to fear organizational confusion or the undermining of what has been in the past a rigid and hierarchical agency structure.

The caseworker should be able to judge when the supervisor's knowledge will be useful to him and when consultation with other personnel will be appropriate. Being able to use the agency resources freely should enhance his ability to render good service.

3. The caseworker is responsible for managing his job assignment--handling his caseload in such a way as to serve as many people as possible, organizing his time so that he can meet production standards, assembling statistics, and so on. Case recording is an integral part of giving direct casework service. The case record is a working tool designed for the caseworker's use, a means by which he pulls together his data and thoughts about a case in order to formulate plans, check or recheck his assesment, evaluate the effectiveness of his service, and plan for the future of the case. From his case records the worker should, with supervisory assistance, be able to identify the trends in his practice and the areas in which he needs to develop greater skill.

In summary, the caseworker's job requires that he be responsible for the quality of his casework service to clients, for the maximum development of his capacities, for the management of his job in the interests of giving as much service as possible, and for using the resources the agency provides to implement and enhance his service.

The Supervisor-Caseworker Relationship

The supervisor-caseworker relationship should be a positive one, based on knowledge and respect for each other's competence and job responsibilities. Clarity about these responsibilities should do much to minimize such problems as dependence, hostility, independence, and so forth. Dependence is not in and of itself evil, but the unwholesome, childish dependence which is stimulated when job responsibilities are ill-defined and ill-used has created problems in both casework and supervisory practice. Mature interdependence, which results from the appropriate use of the strengths of others without loss of self-identity, is highly desirable in the complicated process of serving people through casework. Control by the supervisor when confused with authority also creates problems. Administrative leadership requires the use of one kind of authority; casework practice requires another.

Much has been written and said about the anxiety created in the supervisor-caseworker relationship. Certainly, when the supervisor controls or protects the worker and removes the responsibility that belongs to him, the latter responds with conflicted emotions that are often expressed as anxiety, feelings of pressure, resentment, and the like. Normal anxiety is desirable in a work situation. The wish to succeed, the concern about meeting job requirements, the desire to give good service, concern about a new setting or agency, the feeling that a case is not going well--all are useful anxieties in stimulating self-motivation for meeting responsibilities. Normal resistance to change, which is always present in learning and doing, and periods of regression under particular stress or under the impact of trying to integrate new material are familiar behavioral manifestations in both caseworkers and supervisors and need not cause concern. The intensity and persistence of these phenomena offer clues to the need for intervention and assistance. Some dependence, frustration, and displacement of feelings will always exist in working relationships but are of concern only when they become predominant or persistent.

Problems in these areas are exacerbated when the caseworker's performance or characteristic ways of behaving are assessed in personal or clinical terms rather than in relation to his job responsibility and the agency's requirements. Again it must be emphasized that it is the supervisor's responsibility to use supervision in the interests of facilitating service and to assess the individual only in relation to his work.

If the concepts outlined in this paper are to be implemented, the executive staff of an agency must take leadership in defining job responsibilities and requirements. It must also facilitate a different type of supervisory practice.

The staff of the Jewish Family and Community Service of Chicago has begun to test these formulations in practice. Thus, far, the caseworkers have expressed satisfaction with the clearer definitions of job responsibility and a feeling of relief that evaluations are used solely for administrative implementation of salary scales. The supervisors have said that they know more about a caseworker's abilities in a shorter time than previously and, therefore, are better equipped to plan for differential supervision. They are keeping track of the various uses of supervisory time made by casework staff in the hope that this information will clarify the areas in which supervision can be useful and also the appropriate nature and size of a supervisory load.

The process of learning new ways, unlearning old ways, and combining what was useful in the past with what is done in the present is painful but exciting. Specific applications of these formulations must be tested, and new applications must be developed. It is to be

hoped that the continued development and testing of new concepts will add to the growing body of knowledge of the practice of supervision. It is a practice that utilizes special methods and processes and that requires specific abilities and training.

WHY SERVICE DELIVERY PROGRAMS FAIL

by Sidney E. Bernard*

The last ten years of social action by the government has provided many examples of a familiar process--the effort to solve rapidly a major social problem in a crisis atmosphere through the quick and extensive deployment of social services to a deprived population. Delivering social services under these conditions is doomed to failure. Great hopes are frustrated, money and dedicated efforts are wasted. Although there may be marginal improvements in the life circumstances of some people, few lives are affected in a major way. Yet so great is the gap between early hopes and promises and the modesty of the results that even the gains which are achieved are ignored or abandoned. Frequently, the grand new programs are built on the model of smaller pre-existing "successful" services, which may themselves become casualties of the greatly expanded programs for which they provided a foundation and rationale.

Today it is popular to debunk social services and attack them as ineffective, inefficient tools that suppress the poor or a funnels that distrubute unneeded largess to the undeserving. Part of the reason for the attack on services has been the grandiosity of their goals. That is, social services can help maintain a humane, civil society. They are not appropriate for revolutions or counterrevolutions, although used for both. For example, providing job training programs for a few hundred thousand low-skilled welfare recipients will not eliminate the poverty of millions or putting a few articulate poor persons on agency boards will not overthrow welfare colonialism. Consensus on the proper role of services awaits the perfection of tools for evaluating the present and gaining greater understanding of the past.

A reasonable statement about services is that they can help some - the best-prepared, upwardly mobile minority among the disadvantaged - to achieve substantial improvement in their personal or social condition. The lives of others will be improved somewhat but not dramatically so. And services may be harmful to some, as Fischer has shown with some recipients of casework services.[1]

Social services can be powerful tools for good or ill. But they cannot change even a small segment of the society in a statistically noticeable way. They will not eliminate crime, poverty, divorce, child abuse, or any other major social problem.

This paper describes aspects of the use of social services to achieve major social reform. It briefly touches on two factors - the use of social services as cheap substitutes for social provisions and the blurring of goals when political coalitions are formed - whose impact is profound and destructive to the effective delivery of services. However, the main emphasis is on internal factors - organization, staff, technology, and clientele - that also help make social services wasteful and ineffective tools for major social change.

SOCIAL SERVICES VERSUS SOCIAL PROVISIONS

Two functions of social welfare programs are frequently confused: changing people and changing their life conditions. Social services may be defined as programs directed toward changing role performance through changes in behavior, attitudes, or values. Social provisions may be defined as providing resources necessary for a "defined level of well-being."[2] Access to them does not depend on willingness or ability to change, but only on some measure of need or entitlement.

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In the absence of political support for social provisions - e.g., a guarnateed income, adequate housing, and the creation of jobs - social services are proposed to achieve the same goals. Hence the familiar debate over service strategies versus income strategies. Service strategies are proposed in the hope that they can change the skills, attitudes, and behavior of a large enough group of people so that politically unpopular measure to redistribute income will become unnecessary.

The area of jobs and the Food Stamp program illustrate the distinction between social services and social provisions. Because only a small number of people have improved their economic status through training programs, job training (a social service) is now recognized to be an ineffective way of getting large numbers of people off welfare.[3] The creation of jobs and the supplementation of low wages (social provisions) are required for this purpose. They come before and are not dependent on newly acquired skills, attitudes, or behaviors.

As social provisions, food stamps add to the purchasing power of recipients, and their use can be expanded rapidly and effectively. For example, federal spending for food stamps rose from $115 million in 1967 to $2.5 billion in 1972.[4] This was possible because the program made little effort to change dietary or nutritional patterns, which requires intensive interaction between recipients and those offering or demanding new behavior patterns. If the Food Stamp program were judged for its ability to change eating patterns, it would certainly be considered a failure. However, if people are simply expected to live better because they can buy larger quantities of whatever food they choose, food stamps must be considered a success.

Success, then, is a measure of expectations. If expectations are reasonabley well matched to actual outcomes, a program can be considered successful. But if services - efforts to change people - are expected to raise living standards for large numbers of people or if small increases in income are expected to change attitudes, the result will be failure.

PLURALISM AND COMPROMISE

The American political system is pluralistic; it was designed to accommodate differing values and power center. Thus drafting a law requires compromises and trade-offs between competing interest groups. Because of pluralism, multiple goals are often built in, and loose packages are put together to create a minimum winning coalition. Therefore, social reform through social services is severly handicapped at the outset by social and political constraints.

The War on Poverty is an example. It included a Job Corps program that was of interest to some senators; a Head Start program to engender quick, positive public approval; and a central, unresolved political-ideological battle over the meaning of "community action." The early plans for a tightly structured maximum-impact community action program were lost when community action became confused in many communities and many other loosely related subprograms were added. A single program was fed into the legislative drafting process, but a loose conglomerate emerged.[5]

Other compromises restrict rather than expand the content of a program. For example, the need for a national health insurance program has been well documented since the 1920's. Medicare, the first step, was not taken, however,

> ...until the issue had been broken down, limited to meeting hospital costs, and restricted to the elderly (assuring)... political victory... by neutralizing the counterpressures of organized business and organized medicine.[6]

Perhaps the most typical compromise is struck over benefit levels. Benefit levels for a national program of income maintenance that would be high enough to benefit residents of the highest income states (northern, industrial) would meet opposition because of their cost. Perhaps even more opposition would be generated by such a program's impact on the wage structure of low-wage states in the South and West. So benefit levels hit the midpoint between them. Rarely is this seen with such arithmetic neatness as in the Supplemental Security Income program. Its initial benefits levels were higher than those of twenty-two states and lower than those of twenty-eight states.[7] It would be difficult to come closer to the midpoint.

MODULE III

THE CONTEXT OF SUPERVISION

SCOPE

Module III is designed to describe and examine those internal and external dimensions of drug abuse treatment systems that shape the character of those systems and, therefore, shape their supervisory processes.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, the relations between the division of labor and the division of authority in drug abuse treatment systems.
- Identify, in writing, three boundary areas that should be given attention in drug treatment systems.
- Describe, in writing, how supervisory styles derive from the history of the organization and the orientation of the "Supervisor."
- Demonstrate, verbally, an understanding of the relationship of supervision to staff development.
- Identify, verbally, three functions of "Leadership" in drug abuse treatment systems.
- Identify, in writing, the four points of a clinical rhombus.

LEARNING ACTIVITIES

• Lecture/discussion, "The Organization and its Environment"	(45-50 minutes)
• The Ripple Exercise (role play)	(30 minutes)
• Lecture/discussion, "The Clinical Rhombus"	(30 minutes)
• The Rhombus Exercise - Individual Activity	(30 minutes)
• Lecture/discussion, "Dimensions of Supervision"	(45 minutes)

The rest of this article will focus on problems of organization, staff, technology, and clientele: issues internal to the service delivery system itself. The interaction of external and internal factors produces a highly consistent process of social change. If the process is carefully described and well understood, adjusting to or reducing its more grossly harmful products may be possible.

This process will be described through illustration of two problem areas - drug abuse and treatment of the mentally ill. The process follows a predictable pattern from crisis through rapid expansion to disillusion and stagnation. The specific identification of the impact of staffing and clientele may offer a lever for change.

DRUG ABUSE

This illustration of steps in the process is of the crisis of drug abuse and street crime that occurred in the last 1960's and early 1970's.[8]

Step 1 The process starts with a widespread concern about a social problem that has reached "crisis" proportions. For example, during the late 1960's and early 1970's accounts of drug-related street crime filled the communications media and created widespread fear. The financial and social costs of drug-related crime were estimated as being high.

Step 2 For a crisis to becom a program, a leader must define the problem and propose a solution. In this instance the public had defined the problem as street cirme. The Nixon Administration used the problem as a tool in the 1978 presidential campaign and seized on methadone maintenance as a possible solution. In a 1971 press conference administration spokesman announced that a Washington, D.C., demonstration project had found a relationship between herion addiction and crime. What was even more important, it had found that treating addicts with large doses of methadone reduced criminal recidivism.[9]

Step 3 The solution proposed is the expansion of a small widely known "successful" social service. As just noted, methadone maintenance was pressed as a major tool for the reduction of crime. During the 1960's Dole and Nyswander published a series of papers describing a treatment program based on the use of methadone, which, they claimed, sharply reduced criminal behavior.[10] The media picked up these dramatic results. Look called methadone a "'Cinderella drug' that induces 'miracle change' in heroin addicts."[11]

Step 4 The service program expands rapidly. In relation to methadone maintenance, one year after a positive research evaluation of the Dole-Nyswander program,

> ...64 different official and quasi-official groups had moved to set up methadone programs in their respective communities. (By 1973) some 73,000 people were enrolled in maintenance programs,...waiting lists...had all but disappeared.[12]

Step 5 Rapid expansion produces a series of failures in service. The new agencies do not live up to the promise of their prototypes. Waste, mismanagemtn, and inefficiency are the politest criticisms. In the case of methadone maintenance, examination of police statistics showed that the major impact of crime reduction was the increase in the number of arrests for narcotics offenses, not street crimes, such as robbery, mugging, or assault.[13] The decrease seems to have been due in large part to the substitution of a "legal addiction" for an "illegal addiction."

Causes for these failures are predictable. Because of rapid expansion there are not enough trained and competent staff members for all the new agencies that are created. In this case the early programs had a strong component of medical, psychiatric, and counseling services. The expanded programs consisted mainly of methadone maintenance and offered few, if any, other services.

Further, rapid expansion draws in large numbers of new clients. The new clients differ from the original group in income, race, ethnicity, values, motivation, and their definition of the problem and desirable solutions. They are usually less amenable to the original treatment program. With less skillful staff and less "treatable" clients, lower success rates are inevitable. The Dole-Nyswander program was a good example of the effect of the expansion on the characteristics of a caseload. Dole and Nyswander carefully screened adn controlled thier project caseload so that only highly motivated clients were accepted. In contrast to most street addicts, these clients were older, more likely to be white, and

less likely to have been recently involved in crime.[14] It is reasonable to believe that success achieved with a small, select group would not be repeated with a large less-motivated population offered fewer less-skilled services.

Moreover, high-quality services are expensive. The public is not willing to pay the high cost per client that is typical of small prototype programs. Thus with the expansion of services comes reduction of the number of staff members per client and of the quality of services that were necessary for the success of the earlier programs.

Step 6 Early claims of continued success are soon disputed. Research discloses failures, inefficiency, and mismanagement. Reformers expose the failures in the hope of spurring reform and improving services, but often deepen a mood of pessimism.

Studies using sophisticated statistical methods suggest that much of the success of methadone maintenance programs in reducing crime is due to the type of client selected (older people are less likely to commit crimes) and to how change is measured (the use of arrest rates and comparison with an earlier period of unusually high criminal activity tend to exaggerate the decline in criminal activity).[15] The effect of these research findings is not yet clear. Methadone maintenance programs still seem to have official support, and no alternatives have been proposed.

Step 7 Stagnation sets in. Programs peak; they may not become smaller, but do not improve and usually suffer a slow deterioration in the quality if not quantity of care. A new major "crisis" is required for innovation to occur.

CARE OF THE MENTALLY ILL

The nineteenth-century treatment of the mentally ill offers another useful illustration of the process. In 1841 Dorothea Dix visited a women's prison in Cambridge, Massachusetts, and discovered the inhuman conditions of the prisoners, sane and insane. During the next two years she traveled throughout New England and found that although conditions in jails and almshouses were unbearable, there were a small number of humane and effective small mental hospitals and intensive treatment institutions. What better way to solve the problem than to move the insane from filthy almshouses or locked attics to clean, restful, wholesome mental hospitals? She and her supporters were successful. By 1843 some hospitals in Massachusetts were enlarged over the protests of their directors, and new hospitals were built by order of the state legislature. The crisis was defined as the brutal neglect of the mentally ill, and a service solution was identified - the small mental hospital.

The transfer of many of the mentally ill from jails to hospitals produced a highly dysfunctional consequence. Two desirable goals were in direct conflict: high-quality treatment for a few and improved circumstances for many.[16]

Life in the almshouses was extremely harsh and included conditions of "nakedness, filth, starvation, vice, and utter wretchedness." Orphaned children mingled with epileptics, the mentally retarded, the ill and disabled, prostitutes, petty criminals, vagrants, and able-bodied unemployed persons.[17]

The transfer of large numbers of inmates of jails and almshouses destroyed the capacity of the hospitals and their staffs to apply their skills either to the care of new patients or to the traditional patients with whom they had been successful. Mental hospitlas lost their curative function. They became centers for the elimination of "abuse in itself," merely better alternatives to the jail or almshouse.[18]

The mental hospital system that Dorothea Dix wanted to expand and that was inadvertently destroyed had characteristics that explain its initial success and ultimate failure. Hospitals were small and contaided no more than two hundred beds. Patient care was called "moral treatment," a technical term, meaning psychological and social rather than physical or punitive treatment. The prevailing treatment philosphy was liberal, humane, and optimistic. The healthy had a moral obligation to help their less fortunate fellows. Success rates were as high as 60 percent to 70 percent for early admissions and 60 percent for all those discharged as recovered and improved. In contrast, in the massive hospital system of 1900, a 5 percent recovery rate was considered normal.[19]

Treatment was based on close personal relationships between a concerned staff and their patients. Staff and patients were of similar ethnic backgrounds; they came from the small communities of pre-Civil War, rural, white Protestant America. Fishing, riding, gardening, dancing, and forms of patient government were allowed and encouraged. The system failed to survive the rapid influx of new patients for three reasons of contemporary relevance: (1) staff shortages, (2) ethnic differences between staff and patients, and (3) cost of care.

Staff shortages occured because the psychiatric leaders of moral treatment never considered themselves responsible for the care of the mass of mentally ill in the almshouses, nor could they have foreseen the tremendous waves of immigration and urbanization that dominated the second half of the nineteenth century. They trained only enough staff to replace themselves and they died or retired during the middle of the century. Hospitals became more and more crowded and increasingly were staffed by physicians and attendants who were not trained in or sympathetic to the psychosocial treatment practiced earlier.

Even more curcial perhaps were the ethnic, class, and cultural differences between staff and patients. The physicians and attendants were of old American stock from rural and smalltown backgrounds. Their new patients were Irish, Italian, and Centeral European immigrants and from the urban slums. Filled with understanding of and compassion for the mental illness of those they understood, the staff treated their new patients as strange, not-quite-human creaters. A new term was used: "foreign insane paupers."

By 1859 hospital annual reports complained that the Irish immigrants were crowding out the "intelligent Yeomanry of Massachusetts."[20] The patients' apathy, bred by neglect and overcrowding, was used to justify that very neglect. The public slowly became aware that the system had broken down, but the awareness came too late. The new hospitals at first reported high recovery rates. However, a dissident psychiatrist launched a massive research-based attack on his colleagues' assumptions of easy success. He hoped by dramatizing the failures, to ameliorate the crowding and misery which by the 1880's dominated mental hospitals. He did not believe in cures but wanted kind paternalistic care that would humanize the system. The myth of cure was destroyed, but the resulting pessimism reinforced the neglect.

Although the hospitals grew to accommodate even larger numbers of patients, quality remaines static or declined. In 1869 the cost per patient day in the mental hospital was the same as the average per capita income - $4.00 a day - a situation that never occured again.[21]

COMMUNITY CARE

The stagnation of the mental hospitals lasted until the mid-1950's, when chemotherapy began to empty the hospitals. Today community care is far enough advanced to allow talk of a new crisis - that of patients released to community institutions. The phase of rapid expansion and discovery of failure already exists. When stagnation hits the community care movement, many mentally ill persons will be stranded in small, dingy nursing homes and aftercare facilities, where they will experience all the englect and noe of the medical care found in the giant mental hospitals.

Rapid and large-scale expansion programs in the community care of the mentally ill also show the negative effects of bringing in new "clients, agencies, and staff." There has been a great increase in the use of proprietary homes for the care of released mental patients. "The depressing atmosphere in these...homes... is one result of what critics of these homes call the icy indifference of the operators toward the residents."[22]

Program planners intended the homes to be agencies of rehabilitation with well-planned and directed programs. The operators however are uninterested in rehabilitation. They insist that release from the hospital signifies recovery. The homes are often clean and neatly furnished and would serve well as residencies for the healthy aged. They now serve both the healthy aged and ill mental patients, including the delusional, disoriented, and incontinent. Thus they benefit neither.

Public housing programs are also criticized for their failure to provide a decent living

environment for residents. As Steiner notes, they have failed to cope with problems of race and race-related economic inequality.[23] Public housing was followed by a program to help low-income people buy their own homes (under Section 235 of the Housing and Urban Development Act of 1968), which produced even more dramatic failures. Launched with high hopes in 1968, the program has been described as "a bonanza to just about everyone except those Congress intended to help...a nightmare of bureaucratic abuse, corruption and inefficiency."[24]

Descriptions of the homeownership program suggest that the Department of Housing and Urban Development (and specifically the Federal Housing Administration) to which the program was given served the middle-income market competently, but could not deal with low-income people. That is, the agency staff were not trained or skilled in judging loan applications from low-income people. Real estate brokers are a major segment of the housing industry. However, most reputable agents who had a stake in their jobs had moved out of the inner city. Left behind to serve the poor were fly-by-night brokers, some of whom were skilled at bribery. One banker who was brought in to clean up the agency ended his tenure by pleading guilty to a charge of bribery. Thus a new clientele with unfamiliar needs was served by a structure of service delivery with less skillful and less ehtical professionals.

CONCLUSION

Modest conclusions may be drawn. The process - crisis, expansion, failure, stagnation - will continue despite its usefullness. Social services are not vehicles for social reform, but they will continue to be used for that purpose. Social provisions are not good devices for improving the values, attitudes, skills, or behaviors of large numbers of people to change their lives, but they will continue to be promoted as such.

The search for quick, large-scale panaceas will continue. If professionals are inventive enough, it might be possible to prepare for some of the following specific internal problems and perhaps reduce their impact:

1. Perhaps it is possible to avoid overblown proposals and extreme dichotomies in defining problems. For example, a guaranteed minimum income is a good thing in its own right. It provides the basic income to avoid extremes of hunger and deprivation and assures that even the poorest people are provided with society's minimum living standard. However, its impact on cirme, delinquency, and drug abuse is likely to be minimal.

2. It is possible to find wervice delivery models that can be broadly and rapidly expanded in terms of staff skills and other key resources? Probably not. But the ability to expand is a criterion that might be applied to proposals for new programs.

3. Are there training methods that can be used to rapidly train personnel for new programs?

4. Social services now help most the small subgroup among a target population who believe that a service fits their needs and is delivered in an acceptable manner. How can the excluded be helped? Can services be reshaped to be effective for those left out?

These are the proper questions to ask if the improvements that seem possible are to be achieved. Political leaders and the general public do not believe that the political and economic crisis that occupy national attention are appropriate for intervention by social services. This is probably a good thing. Redistribution of income and provision of universal amenities through such impersonal mechanisms as national health insurance are the best next steps. But be warned: to expect that the passage of a health insurance bill that promises both cheaper and higher quality health care will instantly produce the staff and the agencies to fulfill that high promise is to fail to learn from history.

An adequate supply of social services is necessary to a humane civilization. However, there is no single strategy or program that can or should preempt all other social efforts. Society needs income redistribution and national health care, but also the smaller less dramatic services that help people solve the many problems of daily living. To be rigid and say that only social change or only income redistribution is required is to miss the right complexity of life and the many ways help can be given. The temptation to sell badly needed social services as solutions to social problems should be resisted. Nor should we accept responsibility for such inane solutions when they are promoted by politicans. For example,

former Secretary of Labor Brennan used a few case successes and an estimate of grant reductions, without balancing training costs, to sell the Work Incentive Program (WIN) as a money-saver as well as a way for individuals to improve their earning power.[25] However, as has been mentioned, it is known that job-training programs, such as WIN, are an avenue for only a minority of participants to make substantial improvements in their earnings.

The positive elements of small-scale social service programs should be salvaged. For example, public housing is successful in meeting the housing needs of the low-income elderly and of the poor in small towns and cities; it also improves the physical (if not the social) environment of its residents. Rainwater found that even the residents of Pruit-Igoe - a large decrepit public housing project in St. Louis, Missouri - felt that their apartments "are better than the places they leved before."[26] Replying to charges that public housing fails as an instrument of character change and has not dramatically increased the housing supply for the poor, its defenders reply:

> ...for a lesser amount of money than would be required in the free market, public housing provides the needy client with a tangible benefit roughly adequate to meet needs for that necessity of life.[27]

The conclusion is modest but important. Devices that are useful for some should not be destroyed because they are useless for the many. When the country returns to an orgy of "changing people," the temptation to go along should be resisted. Let us not destroy the good for some in a useless attempt to acheive the best for all.

NOTES AND REFERENCES

1. Joel Fischer, "Is Casework Effective? A Review," Social Work, 18 (January 1973), pp. 3-20.
2. John M. Romanyshyn, Social Welfare: Charity to Justice (New York: Random House, 1971), pp. 51-52.
3. Sar A. Levitan et al., Work and Welfare Go Together (Baltimore, Md: Johns Hopkins University Press, 1972), p. 105.
4. Gilbert Y. Steiner, The State of Welfare (Washington, D.C.: Brookings Institution, 1971), p. 193.
5. See John F. Bibby and Roger H. Davidson, On Capitol Hill (Hinsdale, IL: Dryden Press, 1972), pp. 225-249.
6. Murray B. Meld, "The Politics of Evaluation of Social Programs," Social Work, 19 (July 1974), p. 450.
7. Gary W. Bickel and David

The Work Group Within the Organization: A Sociopsychological Approach[1]

Peter M. Newton and Daniel J. Levinson[2]

THE SMALL WORK GROUP is a basic component of modern organizational life. Crucial tasks at every level of the organization are entrusted to work groups of various kinds: executive committees, staff meetings and committees with responsibility for policy review, budget planning, training, integration of services, and the like. Work groups abound in the clinical facility and university as in the business firm and government agency. The work group is an important linking device between the organization and the individual. From the point of view of the organization, it serves as a mechanism to accomplish or to undermine diverse organizational goals. From the point of view of the individual the work group is a significant arena in which he can learn about the organization and have a voice in the shaping of its policies and practices—or in which he can experience the corruption of the organization and his own powerlessness within it. By and large, work groups do not work very well; they do little either to accomplish organizational tasks or to elicit the responsible, constructive participation of individual members. The resultant costs to both the organization and the individual members are enormous. Despite the widespread dissatisfaction with work groups, relatively little effort has been given to the systematic analysis and improvement of their functioning. In this paper we present a theoretical approach and demonstrate its utility in the analysis of a clinical team within a psychiatric research ward.

A work group is ordinarily established in order to carry out one or more organizational tasks. The task is given at least preliminary definition in advance and is indicated in the group's title (e.g., the program committee or the ward lettership meeting), but it may be clarified, expanded, or markedly changed as the group evolves. Membership in the group may be based on assignment, election, or volunteering. Our emphasis here is on the small work group, which contains at the most 20 members and usually under 15. Most works groups are within this range of size. There are, of course, larger groups such as meetings of the total membership of a department, but these are less common and have more limited organizational tasks.

Aims and Theoretical Approach

Our primary purpose, as noted above, is to develop a theoretical framework for the analysis of the work group.[3] The major rubrics in this framework are: task, social structure, culture, and social process. As used here, these terms refer not to simple, unitary concepts but

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[1] A shorter version of this paper was presented at the annual meeting of the Western Psychological Association in April, 1971.

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[3] Our conception of "work group" needs to be distinguished from that of Bion. For Bion, the work group is that aspect of group functioning which is not pervaded by basic assumption life. In his theory, the group is a work group only when it dedicates itself to the real work for which it has met. When the group is unable or unwilling to so dedicate itself, but instead acts on the basis of some irrational assumption (e.g., dependency, pairing, fight-flight) regarding its task, it is a "basic assumption" group. We, also, distinguish the extent to which a group devotes itself to task work as opposed to other concerns, including irrational ones. For us, however, a work group is an aspect of social reality and, as such, cannot be interpreted in and out of existence. It is always a work group no matter how the group's efforts are divided between the pursuit of its defined task and the pursuit of other aims.

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to complex, interrelated perspectives or vantage points from which groups and organizations can be examined.

The concept of task refers to the end toward which work is directed; the work is successful to the extent that it accomplishes the task. The conceptual emphasis upon task serves to keep in focus the raison d'etre of the group: the ongoing work, and indeed the very existence of the group, derive from the organization which has created it as a means toward some larger goals. The notion of task would seem to be rather concrete and selfevident, and hardly meriting a major place in a theoretical scheme. In the simplest case, a group has a single, stable, well-defined and consensually agreed-upon task that it pursues unswervingly to completion. The simplest case is, however, much more the exception than the rule. By and large, the definition and implementation of task is a complicated matter for the group, and the analysis of task-evolution poses difficult problems for the investigator. Rather than having a single primary task the group may have multiple major tasks without a clear order of priority; in this case a great deal of effort may go (explicitly or implicitly) to the clarification of task-priorities or to struggles over the ordering of priorities. Again, although it may be possible to define a single task simply and concretely on paper, complications may arise over the meaning of key terms in the task-definition or over the nature and priority of the component tasks that were not clearly recognized in advance. Even where tasks are clearly defined and their respective priorities established, the group or the organization may find that there are serious incompatibilities among the major tasks to which it has become committed.

One manifestation of the multiplicities, ambiguities, and contradictions relating to task-definition is the consternation that is usually evoked in a group when, in the midst of a silence or a heated argument, a member suddenly asks, "Could someone tell me the real purpose for which this group is meeting?" Tasks have a way of shifting, multiplying, dissolving, appearing different to different group members. Most groups spend a good deal of time in dealing with (or in avoiding) problems of ambiguity or contradiction in task-definition, problems of establishing an order of task-priorities, and problems of dissensus in these matters. In our view, then, the analysis of task-definition and its vicissitudes deserves major attention in the study of the work group.

The work group must also be examined from the perspective of its evolving social structure. Our emphasis here will be on two components of structure, namely the division of labor and the division of authority. There is a division of labor to the extent that different members carry out different parts of the total work of the group. This differentiation is ordinarily but not always expressed in the naming of positions within the group (e.g., teachers, students; chairman, members representing different constituences; ward chief, head nurse, and others comprising a ward leadership group). Informal, implicitly defined positions may also emerge (e.g., it is "understood" that Member X functions as assistant to the chief, or that Member Y attends meetings but does no work). There is a division of authority to the extent that the legitmate power and responsibility to make decisions are distributed unequally within the group. At least a minimal degree of hierarchy exists in every organization work group but—especially in mental health and related professional organizations—the lines of authority are often blurred and made covert. The social structure of the work group tends to reflect the social structure of the organization. The individual members are often appointed to represent their occupations or work units. The hierarchy in the work group ordinarily corresponds to the hierarchy in the organization; thus, the chairman of a committee usually has higher organization status than any other committee member, and members having low organizational status have a hard time functioning as peers with high-status members even when no formal distinctions are made.

The work group tends also to develop a culture, that is, a relatively enduring pattern of core values assumptions, and beliefs that provides a framework for group development and action. As in the case of social structure, the culture of the work group is strongly influenced by the culture of the organization. To the extent that the organization has an integrated, well-established culture, the work group is likely to form a similar, derivative culture. In times of ferment and social conflict, the organization contains not only a traditional culture but in addition one or more newly emerging and competing cultures. Analysis of the organization, and of the work group, must therefore take into account the struggles among conflicting cultural values and orientations.

Finally, we examine the work group from the vantage point of social process. We use this term in the broad sense to refer to how a group works—to its modes of functioning, the ways in which it goes about accomplishing or avoiding or sabotaging its tasks. Social process thus has myriad aspects, from the highly rational forms of planning, problem solving, and collaborative use of technical skills to the most irrational forms of destruction of any real work as well as exploitation and humiliation of members. Our analysis of social process will focus especially on recurring themes in the ongoing life of the work group. The themes

derive both from the situational realities and from the widely [redacted]d feelings, fantasies, and conflicts of individual members. Once again, work group and organization are interrelated: the process themes in the organization tend to be reflected in its component groups.

The primary aims of this inquiry may be stated as follows:

1. We shall present an analysis of a small work group, describing it from the several perspectives noted above and elucidating their interrelations. Special emphasis will be given to social process. We shall attempt to show that the delineation of social process in a work group must take into account the nature of its tasks, social structure, and culture. That is to say, it is not possible adequately to delineate the former without systematically examining the latter. In addition, we propose that the social process, especially in its more problematic and covert aspects, is in large degree determined by the tasks, social structure, and culture. It is our view that this multilevel analytic framework is necessary for both descriptive and explanatory purposes in the study of work groups. Clearly, the present investigation of a single group cannot give proof for any general proposition. It is intended, however, to articulate a theoretical position and to give it an empirical grounding.

2. We shall briefly delineate the tasks, social structure, culture, and social process of the organization.

3. We shall examine the ways in which these elements of the work group and the organization interpenetrate. Characteristics of the organization will be seen as shaping and entering directly into the nature of the work group. There is also the possibility, rarely realized, that the work group can develop new properties that will in turn radiate up through the organization and bring about significant changes in it.

It will not have gone unnoticed that the major concepts employed above are, in their ordinary usage, "sociological" rather than "psychological" and that they refer most directly to the collectivity (groups and organizations) rather than to the individual. What part, then, do psychological concepts play in this theoretical approach, and where does individual personality enter as a causal factor in the theory of the work group?

The theoretical approach presented here is a sociopsychological one in the sense that it takes a conjointly sociological and psychodynamic view of the work group. Since the work group is a small social system and is embedded within a set of larger social systems, our primary emphasis is upon system properties, notably those relating to task, social structure, and culture. However, we do not regard these as impersonal attributes of a nonhuman or suprahuman collective entity. Our approach, rather, is to conceptualize task, social structure, and culture as properties of a distinctively human social system. We thus inquire into their meanings for the individuals involved, into the highly personal feelings, fantasies, and conflicts they generate, and into the ways in which the psychological aspects influence the functioning and evolution of the system. The patterning of authority, for example, is a key element of the social structure; but for an adequate understanding of the nature and consequences of a given patterning of authority we must consider not only the formal arrangments and overt behavior but also the complex meanings and psychodynamic forces involved. Our view of social process, which derives in part from work at the Tavistock Institute (Bion; Miller and Rice; Sofer), takes into account the more rational efforts at work as well as the ways in which collective psychodynamic processes are operative.

Enduring features of individual personality also exert their influence on the functioning and evolution of social systems (Levinson; Inkeles and Levinson). Model personality patterns among the members of a group or group or organization affect their modes of participation in it and their disposition to maintain or change its tasks, structure, and culture. Also, individuals in strategic positions, especially those at the Number 1 and 2 levels of authority who comprise the "executive role constellation" (Hodgson, Levinson, and Zaleznik), play a key part in establishing the character of the group, and their exercise of authority is determined in part by their personalities.

Although we shall refer on occasion to the influence of personality on system functioning, this will not be a major emphasis in the present study. Our first concern is to develop the thesis that the social process in a work group—especially in its less rational aspects—is most directly a function of its tasks, structure, and culture, and of the organization in which it exists. We believe that these system properties, conceived sociopsychologically, provide the primary casual matrix that determines the nature and effectiveness of work in a work group.

This thesis runs counter to the prevailing view of work groups, especially among mental health professionals. In our experience, most mental health professionals tend to believe that committees and other work groups are essentially incapable of productive work—that group meetings are entertaining at best but usually dull or even oppressive. They are charades or rituals to be endured, while the "real" work for which the group was presumably established is done outside of the meetings by one or two powerful individuals. We shall describe this view as it is manifested in the mental health professions, but we note that the same themes, with variations, are pervasive in educational, professional, and business organizations generally.

Two components of the orientation are of special importance in the present context. First, there is the notion that the primary source of difficulty is in the personality of an influential member or in the interpersonal struggles between two or three competing members. The trouble may be blamed on the leader, who is seen as a passive, inept figure, or as an ambitious, manipulative power-seeker who invites goup discussion but who in fact will make sure that the final decisions conform to what he wnated at the outset. No one confronts the leaaer during the meetings but privately, in twos and threes, the members express their resentment and exchange brilliant analyses of the leader's psychopathology and its destructive effect on the group's work. Alternatively, the group's ineffectualness may be attributed to interpersonal difficulties—covert antagonism, rivalry, or romance—within an influential pair or triad who then make work impossible for all. There are, of course, many variations on the "individual psychopathology" and "interpersonal struggle" themes. They have in common the assumption that the primary obstacles to effective group work originate in a particular individual, dyad, or triad and then diffuse to impair the rest of the group. The clinician's way of thinking about the work group tends to be derived from his thinking about illness and therapy; and in most cases this does not involve a group larger than the triad. Clearly, intrapsychic and interpersonal problems are often activated in the work group. But to assume that these are of necessity the primary causal factors, and to attempt to understand group phenomena with only the most rudimentary conception of the group and its organizational matrix, is indeed to restrict one's vision.

A second component of this view that the work group is engaged in a basically futile endeavor, is the conception of the organization as a bureaucratic monstrosity incapable of rational or humane effort. With a little luck, one may be able to create in one's office an island where good therapy or supervision can be done, uncontaminated by the stupidities and evils of the organization. However, when staff meet to coordinate their efforts, to allocate resources, to work on new plans and procedures—in short, to improve the organizational structure within which therapy and teaching are done—then intelligent, responsible collaboration is impossible. One somehow gets through the meetings with the anticipation of returning to the gratifying (and usually dyadic) work with patients and students.

The criticisms of the organization and its work groups have a good deal of validity: management practices are often inept and inhumane; the organizational structure frequently seems to have been designed with the aim of obstructing rather than facilitating the accomplishment of its goals; committees and other work groups often seem to be staged as exercises in futility or as a parody on the theater of the absurd. What is most remarkable about all this is that large numbers of professionals, many of them highly competent, responsible, and dedicated to their work, tend both to recognize these problems and to deny their existence or their implications. On the one hand, "everyone knows" that there are serious short-comings; but, on the other hand, we muddle through and somehow a certain amount of good work is accomplished. Dissatisfactions with the organization and its management take the form of sotto voce griping, passive resentment, covert obstructionism (the form of guerrilla activity directed against the organization by those who feel impotent or childish), and even helpless rage; but they rarely lead to thoughtful analysis and constructive confrontation of the issues. Often, the persons who are most able to experience the difficulties leave the organization. They go into private practice (which they regard, at least initially, as a dyadic Eden free of the iniquities and frustrations of collective life) or into other organizations which are prayerfully expected to lack the evils of the current setting. Both of these choices reflect a pessimism and a conservativism about the possibility of truly innovative change; in effect, if not in intent, they involve a complicity in maintaining the status quo.[1]

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[1] Tavistock theory of small group process may also be used in the service of conservatism regarding social change. In this view, collective life is characterized by a powerful and pervasive irrationality which is immutably rooted in the unconscious of the individual. In addition, the exclusive focus of many group dynamicists on the irrational aspects of group life obscures social reality, leading one away from a critical examination of the structure and performance of authority, leadership, and subordinacy.

There are many reasons for the relative absence of constructive action. One of them is that the problem itself—the nature of group and organizational life—is not regarded by most professionals as a serious intellectual concern. Clinicians ordinarily have a theory of individual personality and of interpersonal relations; and, as practitioners, they are committed to the view that individuals can be helped in some measure to overcome their impairing problems, to function more effectively and perhaps to develop more fully. However, clinicians usually do not have a theory of organizations and work groups. Such theory is often considered the domain of sociology and outside the proper concern of psychiatry or psychology. Given this disciplinary division of labor, most clinicians lack an intellectual apparatus and value system within which the phenomena of collective life might be given the serious, respectful thought—and even the sense of intriguing, pleasurable puzzlement!—that are now given to problems of individual personality.

In our view, the sociopsychological study of organizations is a legitimate concern of mental health professionals, and indeed a necessary concern given their involvement in the management and staffing of health-education-welfare organizations. Without the working theory of organizations, clinicians are destined to continue reenacting the collective failings with which we are all too familiar. However, they can contribute to theory, research, and action in this field only if they broaden their theoretical scope to encompass group and organization as well as individual and dyad.

Since our case examines a clinical team, it is important to bear in mind that an evaluation of the multidisciplinary team as a mechanism for the provision of clinical care lies within the purposes of this paper. Further, we present the clinical team as simply one variant of a common, social organizational form—that is, as an example of a work group.

Research Setting and Method

The work group we studied was a clinical team within a psychiatric research ward. The ward was part of the Biological Research Center (BRC) in a university-affiliated hospital located in a large eastern city. The BRC contained the one small psychiatric ward and a large laboratory facility and had as its director a laboratory investigator who was not a clinician. The bulk of the Center's research was biological in nature and most of it did not involve human subjects. The research on the inpatient ward represented a specialized and secondary research activity for the Center. Moreover, the research of the ward psychiatrists was strongly psychobiological in emphasis; there was little study of the treatment program or of the patients' psychopathology from a purely psychological or psychodynamic point of view.

Our understanding of the ward derives from intensive consultation to the clinical teams and the senior staff group. Over a period of eight months, the authors spent roughly a half-day weekly in group meetings and informal conversation with ward staff and patients. The group meetings were of several kinds: patient-staff meetings of each team, followed by a staff review; meetings of senior ward staff; meetings of senior staff and team staff.

The authors were invited onto the ward as teacher-consultants, under the auspices of its training program. The ward was not in a state of crisis and its leadership was not seeking consultation oriented toward system change. In our opinion, the difficulties described on the following pages, though unique in their concrete forms, are not markedly different in kind or intensity from those to be found in most clinical facilities that have multiple service-research-teaching functions. We chose to do our teaching not through a seminar or other didactic method, but rather by attending regularly scheduled group meetings and taking part as consultant-participants. Our explicitly defined role was to contribute to group examination of ongoing events, with the aim of illuminating the ways in which group and organizational characteristics influence staff-patient and staff-staff relationships.

Methodologically, then, this is a naturalistic field study by two investigators who functioned as consultant-participants. We made no attempt to engage in controlled research or to obtain special data other than postmeeting notes and discussion. The study contains many of the limitations, and hopefully, many of the advantages of this mode of inquiry. The findings are presented not as conclusive but rather as serving to elucidate a theoretical approach and some propositions from which further research can proceed.

The figure presents the table of organization for the inpatient ward. The ward was organized into three primary work groups and one overall management group. The three primary work groups were the clinical teams. The ward management group (the senior staff) consisted of a Chief Psychiatrist, an Assistant Chief, a Nurse Supervisor and Assistant Supervisor, a Clinical Psychologist, and a Social Worker. Although the ward was established in order to conduct research, senior staff members were well-trained clinicians who held high standards of clinical care.

Each of the three clinical teams consisted of a psychiatric resident and several junior staff nurses and aides. A nurse or aide filled a position entitled (although not correspondingly empowered) "Team Leader." The team had primary responsibility for the clinical care of four to eight patients and employed a variety of therapeutic modalities including individual psychotherapy, family therapy, and somatic therapies. Team staff also were responsible for carrying out various research procedures with patients. The primary collective effort of the team consisted of its daily patient-staff meeting. Nearly all staff and patients were present at these meetings in roughly equal numbers, totalling about twelve.

Patients wre admitted to the ward on the basis of their relevance as research subjects. In return for their agreement to participate in the ongoing research, they were offered intensive treatment without payment. The patient population varied widely in class and ethnic background, though very few were black. They were predominantly in the 20-40 age range, with almost none beyond 60. There were roughly equal numbers of men and women. Some had had previous hospitalizations and some were identified as relatively "chronic" patients who had come from and would probably return to a large state hospital. Others, especially the younger, more active patients, were involved in relationships with staff and patients and were regarded as good candidates for a treatment program of this kind. In general, the patients came to the ward expecting a relatively affluent environment, clinically and materially, and they found it. The ward was clean and well managed, the staff were competent, concerned, and hard-working, the staff-patient ratio was high, and a variety of therapeutic modalities was available. As we shall see, however, the level of patient morale fluctuated largely between fair and poor despite these favorable conditions. It frequently became painfully evident that a patient's initial interest in getting better had become simply an interest in getting out. A major aim of this study is to examine the nature and determinants of this and related themes emerging in the process of ward life.

We present next an anlysis of the clinical team and the ward (within the context of the BRC) and their interrelations. The analysis will deal in order with the primary task of each system, its social structure and culture, and its social process.

Primary Task

A task is the end toward which work is aimed. That is, we differentiate modes of work from task. There are often various kinds of work which seem more or less appropriate for a given group to engage in (e.g., in a colloquium meeting, to have each member lecture, to bring in outside speakers, to create panels for discussion, etc.). However, a rational and effective choice among various modes of work can only be made by reference to the groups task, that is, by reference to the end toward which the work is aimed. The work which the group engages in needs to be directly and necessarily related to the task being pursued. Where it is not, the interprise and, ultimately, the group, may be in jeopardy.

Organizations usually, and groups at times, have multiple major tasks. Following Miller and Rice, we define the primary task as the task which the group or organization must achieve at some significant level if it is to survive. Typically, other tasks are given second priority, and resources such as time, energy, space, and money are allocated accordingly. Often the secondary tasks will stand in a support or maintenance relationship to the primary task--for example, the recruitment of faculty in a teaching institution.

The definition of primary task has important consequences for a group or organization. As noted above, it may provide the basis for decisions regarding the mode of work the group will adopt and the technology it will employ. Definition of primary task may also form the basis for the creation of social structures aimed at organizing work on the task. Finally, it provides an essential criterion for evaluating performance.

Definition of primary task also generates conflict, stimulating the emergence of competing values, ideologies, and factions. Put simply, as soon as people know what it is that they are supposed to do, serious differences may emerge as to how best to do it, whether it is worth doing, and whether some other task would not be more valuable.[1]

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[1] Group dynamic theorists within the Tavistock tradition (e.g., Bion, Menzies) have tended to view organization and social structure as a defense against anxiety. Not only is such a reduction of complex social phenomena to individual-psychological constructs epistemologically problematic (cf. Durkheim), but also this specific interpretation is often untrue even within its own frame of reference. Using such a conceptualization, one often sees the reverse--the development of disorganization or chaos in part as a defense against anxiety. Not infrequently (as in the present ward), a group or its leadership may allow and even foster ambiguity and confusion regarding the nature of the primary task in order to avoid what is anticipated to be sharp, focused, and painful conflict.

As noted earlier, the definition of primary task and the relative priority of the major tasks are often ambiguous or nonconsensual. Moreover, the "official" task of a group may differ from what is widely understood to be the real task. Such ambiguity regarding task definition has major consequences. If there is unclarity in a system about what it is that its members are to do, then competing and incompatible goals may be variously pursued and the legitimacy of any given action is in doubt.

The three major tasks of the present ward, in order of priority, were research, clinical care, and training. Of these, training ran a poor third in terms of the time and resources devoted to it. However, the training task had important consequences that need to be mentioned here. The most immediate consequence was on the social structure of the ward. The junior staff was organized into three clinical teams largely because there were three student-psychiatrists (i.e., residents) and it was considered essential that each of them have his own team. This in turn had important consequences for the residents. All three had looked forward to the opportunities for clinical, research, and administrative experience and training. By and large, the year held for them a reasonably satisfactory balance of valuable experiences and disappointments in their research and their work with patients. However, in the administrative work—involving their role as de facto head of the team, and the problems they encountered in the exercise of authority—they felt that they received little help. The relative failure of senior staff to provide training and support or to demonstrate any interest in administrative psychiatry was a major factor in the residents' increasing sense of distance and alienation from senior staff.[1]

Although both research and clinical care required a high priority on the research ward, there were powerful reasons why research had to be the primary task. As a component of the BRC, the ward was established in order to conduct research and was given its resources (staff, space, etc.) for this reason. Evaluation of the ward's performance, and, consequently, support for its continued existence, rested finally on the extent of its contribution to the Research Center. In addition, the Ward Chief reported primarily to the Director of the BRC, and only secondarily to the head of the hospital. The Director of the BRC was a biological research scientist, a nonclinician. He asked the Ward Chief not how the patients were doing but rather how the research was progressing. The Director could not hold the Ward Chief accountable for clinical service because, as a nonclinician, he had no basis for evaluating patient care. Outside clinical supervisors provided training for the residents, but they exerted limited authority over patient care.

Thus, although clinical care was of necessity a major task of the ward, it had to remain second in priority to research. However, crucial decisions were made which weakened the clinical care functin beyond what was necessary. First, the two individuals appointed to the Chief and Assistant Chief positions were committed primarily to careers in psychobiological research. The decision to staff the two top ward leadership positions in this way was not required or inevitable, given research as primary task. If one of these positions (perhaps that of Assistant Chief) had been filled with an individual whose primary career commitment was to clinical work, the clinical function would have been significantly strengthened.

Second, the Chief and Assisant Chief could not move to create a structure for clinical care that would protect it from excessive subordination to research. Although questions regarding the priority of the research and clinical care tasks frequently arose, no clear statementof

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[1] Except for an occasional graduate student in nursing or divinity school, all nurses and aides were employed in a full-time service capacity. It was generally understood, however, that nursing staff would benefit indirectly from the training activities designed for residents, from the research atmosphere, and from the intellectual-learning values of the university. Indeed, this had a significant effect on the recruitment of nursing staff. The nurses and aides were generally young (under age 30), "highly motivated," and eager to get therapeutically involved with patients. They were initially attracted to the ward as a setting in which they could participate in an excellent clinical program, contribute in some way to research, learn a great deal, and perhaps go on to more advanced professional careers. Many of them had worked in general hospitals and wanted to get away from the traditional medical hierarchy to a clinical team in which they would have a central rather than an "ancillary" place. In many respects these expectations were realized: nursing staff had ample opportunities for involvement with patients and for informal learning, and a number of them went on to more advanced training and work. As with the residents, however, there were serious morale problems among the nursing staff, and these had primarily to do with problems within the clinical team and in relation to senior staff.

task priority was made.[1] Rather, senior staff leadership stated that the two tasks were not in conflict and that both were receiving top priority. This posture was maintained despite the fact that in repeated--and sometimes dramatic--occasions of clear conflict between the research and clinical care tasks, decisions were nearly always made in favor of research. The insistence that both tasks were co-equal, compatible, and being achieved at a high level implied that special efforts to enhance the clinical function (within the constraints of research as primary task) were unnecessary. Work could not be done on a problem that was not acknowledged to exist. For example, there was no attempt to create a position at the Number 3 level, such as that of Chief Resident, which would be filled by a person whose own internal commitment was to treatment, and whose primary responsibility would be to maximize and protect clinical care. This failure to acknowledge the problem of task conflict and to create a structure which would protect the lower priority task was not an inevitable outcome of the fact that research was the primary task.

Task conflict and the question of relative priority was especially salient on the clinical teams. The clinical team had the primary responsibility for the daily care and treatment of the ward's patients. It also had the task of collecting the data from patients which were required for the ward's research contribution to the BRC. Although task priority was ambiguous here as in the senior staff management group, the clinical team wished to act as though its primary task was clinical care. In fact, the research task was rarely even mentioned by team staff in their meetings with patients, although patients frequently complained about the research procedures.

The teams' attempts to assert the primacy of clinical care brought them into recurrent conflict with the senior staff. The fact that the team nearly always lost such struggles created a widespread, if largely unspoken, view among team staff members that senior staff's protestations of investment in clinical care were so much cant. As for the senior staff, their struggles with the clinical teams over task priorities left them suspicious that junior staff membes wished to undermine and sabotage their research efforts.

Social Structure

For present purposes, we limit our discussion to two critical aspects of social structure, namely, the relatively enduring arrangements which govern (1) the division of labor and (2) the division of authority and the boundaries which are created by these divisions. We shall consider each element separately.

The Division of Labor

The division of labor refers to the way in which the total work of a social system is distributed among its component parts. This division is formalized in the creation of positions. Positions are the basic element of the division of labor in groups and organizations. They are, more or less, formally defined and permanent; they are changed through a redefinition of organizational structure, not through the comings and goings of individuals. Individuals occupy positions and from these positions engage in activities or carry out functions--that is, they define and take roles.[2] Role performance is structurally based in requirements which accompany a given position. However, the requirements are typically ambiguous enough and the

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1 The ambiguity surrounding task priority on the ward may originally have had adaptive significance. With regard to the biological research task, nurses and aides function as technicians (handling subjects, collecting specimens, etc.); if the research task is acknowledged to be primary, they have relatively low work status and motivation. The clinical care task, on the other hand, places nurses and aides in the position of clinician, which carries much higher status and permits a greater sense of importance and worth. Ward management may have understood, at some level, that leaving the true secondary status of the clinical care task obscure would allow nurses and aides to feel important enough so that they would faithfully collect the necessary data from patients.

2 The distinction between position and role (Levinson, 1959) is important here--position refers to structure, role to function. If one loses the idea of position and thinks exclusively in terms of role, as many social scientists do, then the examination of organization tends to overemphasize process, activity, and function and to overlook the structural base from which organizational activity proceeds. An occupant of one single position may, and probably will, carry out numerous functions deriving from his position; confusion ensues if one assumes that each function involves a separate location in organization space.

role standardizing forces within the social system are weak enough so that individual role performance is shaped not only by formal requirements (and situational exigencies) but also by the personal attributes of the individual who occupies the position.

The greater the differentiation of subsystems and individual labor, the greater is the need for integration of individual and group activities. If integration is to be achieved, one or a few individuals must have responsibility for ordering and coordinating the activities of many others. Responsibility requires that one have the authority—the legitimate right—to make demands, exert influence, and impose sanctions. Organizations are stratified in order to achieve the integration necessary to the fulfillment of complex tasks; that is to say, the positions comprising the social structure of the organization are hierarchically arranged. This hierarchy constitutes the the division of authority which is another central aspect of social structure.

The Division of Authority

We refer here to the patterning of subordination within the organization. Authority confers legitimacy, or right, to initiate and influence processses, to command and direct resources.[1] Within a rational work structure, authority is vested in positions not in individuals, and authority is a corollary of responsibility. That is, a position is invested with the authority necessary to meet the responsibilities corresponding to the level of that position within the organizational hierarchy. If the occupant of a position is responsible for supervising and coordinating the work of a number of individuals, then he should have available to him as a property of his position sufficient authority to cause subordinates to be responsive to his directions or suggestions. It is empirically true, of course, that often a position carries far greater responsibility than authority. In such instances, some degree of disorganization is the predictable result and task performance suffers accordingly.

It is useful to distinguish between the authority which, as a structural property, is inherent in a position and the authority which the occupant of that position in fact exercises. The latter may be greater or less than the former. The individual may fail or choose not to employ some aspects of the authority available to him, or, through manifest personal ineptitude, he may impoverish his position even as he attempts to be authoritative. On the other hand, he may, through personal preference and ability, succeed in getting superiors to delegate to him, and peers and subordinates to accept from him, greater authority than is strictly inherent in his office.

The figure denotes the divisions of labor and authority on the ward. The following structural characteristics are apparent.

1. The Director of the BRC, a nonclinician, also occupied the position of Head of the Laboratories. That is, the Director was most heavily involved in the laboratory operations; the ward was relatively peripheral.

2. The Chief of the inpatient ward reportedly directly to the Director of the BRC. As the dotted line indicates, there was little direct accountability upwards, and control downwards, of the Chief and the ward to the hospital. Since accountability and subordination were to persons with authority for research, the structure thereby defined research as the primary role requirement on the positions of Chief and Assistant Chief.

3. Within the ward itself, authority was located almost entirely in the Number 1 and 2 (Chief and Assistant Chief) positions. A large gap existed between these two positions and those of the first-year residents, there being no intermediate position with authority

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[1] There is no general consensus regarding the definition of the concept of authority. Often, the terms authority and power are used interchangeably. For us, there is an important difference between these two notions which, if obscured, limits the analysis of social systems. This difference rests upon the issue of legitimacy. Power denotes sheer capacity and implies nothing about the right to possess or use it. Whereas authority, by our definition, always involves some degree of power, power need not involve authority at all. Thus, anyone with a gun has power but, under the law, only the policeman ordinarily has the authority—the legitimate right—to use one. Authority degenerates into power when its legitimate—legal or moral—basis is eroded or overreached (cf. Schaar's "Legitimacy in the Modern State"). Katz and Kahn's treatment of authority (p. 220) as legitimate power inherent in positions within the organization is consistent with our meaning.

and responsibility for clinical work. The Psychologist, Social Worker, and Research Psychiatrist had little authority, no subordinates, and few clearly defined functions. They were peripheral members of the senior staff and marginal to the clinical teams. Their managerial roles were ambiguous and largely illusory.

4. Despite the fact that the staffing of top positions (Director of BRC, Head of Laboratory Facilities, Ward Chief, and Assistant Chief) and the lines of accountability and control placed greatest weight on the research function, the structure of the ward was a clinical structure. "Chief" is a clinical service title and the major work groups on the ward were clinical, not research, teams.

A number of consequences can be seen to follow from the structure outlined in the figure.

1. As has been noted, authority and responsibility were vested almost exclusively in the research task. Those positions with direct responsibility for clinical care (i.e., residents, team staff nurses and aides) had the least authority of any in the entire system. They were at the bottom of the table of organization. The Clinical Psychologist and the Social Worker, who might conceivably have added to the clinical strength (if not the authority) of the clinical teams, were not team members and remained rather isolated. In such a situation, clinical care must end up a very distant second priority indeed.

2. There was considerable ambiguity surrounding the division of authority at both senior and junior staff levels.[1] While it was apparent that the Chief and the Assistant Chief were Number 1 and 2, there was little clear delegation of authority from the Chief to subordinates. Despite resultant difficulties, the Chief opposed the occasional efforts to define the lines of authority more clearly, arguing that this would lead to a loss of flexibility. Thus, team staff were clearly subordinate to the Chief, but it was not clear in what way if any they were subordinate to other ("ancillary") senior staff members. Again, whereas the clinical teams were presumably accountable to senior staff nurses, in practice only the team nurses accepted this subordination--the residents did not. This ambiguity was built into the social structure of the team with the nursing position of "Team Leader" who reported to the Nurse Supervisor. Despite the title, it was taken for granted that the team leader took care of minor administrative chores while the resident was in charge of the team. The resident reported directly to the Ward Chief--not to senior staff nurses--and the team was commonly identified by his name (e.g., Dr. Allen's team) even though the "official" designation of the teams was by alphabetical letter ("Team A, B, C"). The resident's authority was a matter of implicit understanding but not of formal policy.

A major source of frustration for staff nurses and aides concerned their expectation of having some real measure of authority in the clinical team. This expectation was fostered not only by the existence of the nursing position "Team Leader" as nominal head of each team, but also by the fact that nursing staff had their own meeting with patients to deal with administrative matters. Especially for the older and/or more clinically experienced nurses and aides, the actuality of the resident's leadership of the team became a source of resentment, generating feelings of personal and professional defeat. It was official policy that nurses and aides had full authority to decide on passes, privileges, and the like in the administrative meeting with patients. The catch was that the resident maintained and, on occasion, exercised veto power. Here again nurses and aides had the recurrent, humiliating experience of having their decisions countermanded (events that were quickly available for full public knowledge) and of being prevented from functioning as skilled, competent, and mature adults. Their authority was widely seen as empty and in a sense fraudulent. The fact that the residents were men and and the nursing staff mostly women on a ward where real authority within the senior staff was exclusively male did nothing to ease the one-down feelings of female subordinates. In addition, they felt

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[1] This ambiguity regarding authority and subordination was, in part, related to the university affiliation of the larger hospital. Thus, most senior staff members held academic appointments within the Medical School. Universities and their subsystems do not typically follow a purely bureaucratic model (cf. Bucher) with clear lines of subordination, but rather involve a mixture of bureaucratic and collegial or associational elements in which much depends upon informal influence and "voluntary" cooperation among autonomous professionals. Problems associated with ambiguities around authority, power, and decision-making characterize the modern university (see Meyerson).

strongly that the Nursing Supervisor on the ward was closely allied with the Chief and that she could not be counted on to support them or to represent their interests.

3. The social structure of the ward left considerable ambiguity as to the functions (as well as the authority) of several positions at both senior and team staff levels. Not knowing what their role in the task work was, the occupants of these positions had a difficult time working and were beset by feelings of incompetence and worthlessness. For example, although the role of senior staff nurse in supervising team staff nurses was fairly clear, this was not the case for either the Psychologist or the Social Worker, whose supervisory-clinical role and status remained ambiguous. Likewise, on the clinical teams there was vast and debilitating confusion as to which staff members besides the resident were to attend the patient-staff meetings and, once there, what their role in the work of that meeting ought to be. At both senior and junior staff levels the work was organized in such a way as to hinder the exercise of individual competence. As will be developed more fully below, the ideological individualism which dominated thinking on the ward lead to (mis-) understanding such difficulties exclusively in personal rather than systems terms. The professional self-esteem of a number of the above staff members was affected so much by their experiences in trying to work on the ward that they left to seek positions and even quite different careers elsewhere.

4. The structure for the clinical care work was relatively articulated as compared with that for research. The Chief, the Assistant Chief, and the Research Psychiatrist conducted research projects, and the senior nurses were responsible for assuring that junior nurses collected the necessary data from patients. Beyond this, no clear structure for research on the ward existed. To put it more generally, the system worked in such a way as to keep the research task invisible, or to masquerade it beneath the structural garb of clinical care. Thus there was great confusion and, at times, lengthy discussion as to which team members had responsibility for insuring that collected specimens did not get spoiled or lost. Spoilage or loss of "bloods" was a recurrent problem. Again, at the senior staff level, the relationship of the Psychologist (whose research interests were not in psycho-biological research) and the Social Worker to the research task was highly ambiguous and marginal. When the greatest articulation of structure exists for the secondary task of a system and work on the primary task remains largely unstructured, the system is in for trouble. In this case, a major result was the invasion of the secondary task by the primary one, to the detriment of both.

Boundaries

The division of labor defines boundaries, and the division of authority locates responsibility for regulating them. The concept of boundary is an aspect of open system theory, which treats organizations as systems whose survival requires continuous exchange of materials with the environment (Katz and Kahn; Miller and Rise; also cf. Silverman). Too permeable a boundary invites inundation, chaos, and disorganization, whereas an impermeable boundary becomes a barrier, causing death through entropy.

The top management of an organization has responsibility both for the internal functioning of that system and for the regulation of its boundaries with the external environment. Authority for the internal operations can be largely delegated to subordinates. External boundary regulation is, however, much less delegatable; it must become the major task of top management if the system is to obtain the necessary inputs, to export the products of its labor, and to sustain a viable, self-determining relationship with its environment. An overly inward-oriented management neglects the boundary tasks and produces an encapsulated system that tends to become stagnant and incapable of growth--a common phenomenon in health and educational organizations.

In addition to boundaries separating the organization from its environment, there are also boundaries internal to the organization. These internal boundaries separate task systems from each other and, within the task system, separate distinct work groups. The regulation of internal boundaries is also a management task at the organizational level at which they occur; i.e., the leadership of a given subsystem must give major effort to boundary transactions with adjacent subsystems and with the authority to which it is repsonsible.

As noted, boundaries are a consequence of social structure. They are created through the division of labor—the delineation of positions, work groups, and task systems. Similarly, a crucial aspect of the division of authority involves the designation of positions and groups as having responsibility for the regulation of various boundaries.

In the present case, the social structure of the ward delineates a boundary between the clinical team and the senior staff. The control of transactions across this boundary becomes

the joint responsibility of team and senior staff leadership; the senior staff leadership holds primary responsibility as a consequence of their greater authority on the ward. As we shall document more fully below, leadership at both levels was relatively ineffectual in managing this boundary. The primary mechanism for carrying out such boundary transactions was a biweekly meeting attended by the entire senior staff and by junior staff leadership (residents and team leaders). In these meetings, senior staff typically did not succeed in enabling a discussion of ward issues. The residents, given both the ambiguity and the weakness of their authority, could not prevent senior staff from preempting team decisions regarding clinical care or from subjugating the clinical care task to research requirements.

Culture

Culture is an aspect of social systems whether they are societies, communities, organizations, or work groups. We use the term culture to refer to central and relatively enduring values, assumptions, and beliefs which characterize a given social system and which are interrelated over time with the system's social structure. Social structure tends to reflect underlying cultural values and helps to realize those values. Culture and social structure tend to be relatively congruent, but in a changing social system the fit will not be perfect. Over time, changes in the one are likely to produce changes in the other.

Our focus here is on culture as an aspect of the organization and its constituent groups. In the specific case of the research ward, we have examined biological research and clinical care as tasks, but it is important also to understand that each task is embedded within a culture, and that the two cultures are convergent in some important respects, divergent or even antithetical in others. Integrating them, or at least enabling them to co-exist, was a major problem in the life of the ward.

The Culture of Biological Research

Much of the culture of biological research is expressed through the model of human relationship that is contained in its methodology. The experimenter "runs" his subjects. He creates a design within which the subjects (in this case, persons) have to function. Research subjects become objects. In obtaining data, the experimenter manipulates not only variables but also persons. He has a virtual monopoly on the power in the relationship between himself and the subject, and the exercise of this power is not negotiable. There are "research ethics" and a concern for the dignity of the subject, but this is seen largely in terms of avoiding gross injustice. Subtler forms of insult and indignity may go unnoticed (by the experimenter, if not by the subject).

The power element in the experimenter-subject relationship is obscured by the notion of science as the impersonal search for truth. Experimenter and subject are not understood to be in a relationship to each other, except in the most impersonal sense. Indeed, the experimenter most prevent relatedness since it would "contaminate" the data. The assumption is that the primary determinants of behavior exist in, and arise from, the isolated organism as biological system. The organism is viewed from the greatest distance possible and and with all the impersonality the experimenter can muster. The subject's feelings are regarded as epiphenomenal or as consequences (although not as consequences of the relationship to the experimenter nor as a consequence of the social system which contains the experiment).

The Culture of Psychodynamic Clinical Care

We have noted that the ward made use of various therapeutic modalities, including individual, group and family psychotherapy, somatic therapies (drugs, shock, etc.), and milieu therapy. In the clinical care culture of the ward, however, the primary or central values were those stemming from individual psychotherapy and from a psychodynamic conception of the individual. The prevalent view of group and family therapy, and of patient-staff meetings on the ward, was derived largely from the dyadic psychotherapeutic model. We shall attempt shortly to outline some of the key values, beliefs, and assumptions of this approach as it is reflected in the psychotherapeutic relationship.

The use of drugs and other somatic therapies was highly valued by some of the senior staff and was often built into the research procedures, but it evoked more mixed feelings among team staff. The use of drugs served in part as a link between research and clinical care. Drugs were often administered in order to control an unruly patient or to reduce the collective tension on the ward. This is of course not an uncommon phenomenon in mental hospitals. The frequency and the meaning of drug medication on the present ward, however, seemed closely related to the strong emphasis on order and control. Wards with an exclusive commitment to

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psychotherapeutic work often tolerate or even value emotional expressiveness in patients even when this leads temporarily to disruptive or conflict-producing behavior. In this case, on the contrary, efforts were made to keep the emotional lid relatively tight and drugs were commonly used for this purpose. The strong value on order on control had its origin in the biological research culture: as research subjects, patients had to carry out many procedures on schedule and had to be in the right place at the right time. This increased the demand for individual compliance and collective order, and it required a greater exercise of authority (or of coercion) by team staff than they would engage in for clinical reasons alone.

The ward utilized various concepts and techniques stemming from a "therapeutic community" approach, but the commitment to this approach was quite limited and it had at most a peripheral place in the ward culture. Except for our once-a-week consultation, virtually no supervision or training in this area was offered to residents or nursing staff. Senior staff members recognized that there were major problems in the ward community, in their own group and in the relations between senior and junior staff groups, but they were not ready to commit the time and other resources needed to explore and deal with the issues involved. Their own interests, values, and career goals were bound up in other areas, notably research and psychotherapeutic clinical work. The team staff were highly receptive to a group-community approach, which provided a theoretical and valuative under-pinning for their actual work, but they were not in a position to make it more central in the ward culture.

The basic orientation underlying the clinical work was, as we have said, that of psychodynamically oriented clinical care. The core values and assumptions of this orientation are expressed in its conception of the psychotherapist-patient dyad. In the ideal, the therapist does not exploit his patient. The therapeutic relationship is designed and conducted for the patient. The therapist derives no reward beyond reasonable financial remuneration, increased learning and skill, and the professional satisfaction of doing a good job--for the other person. He does not use the relationship for his own emotional satisfaction nor for the advancement of his career. The evaluation of performance is based on what the patient gets from the relationship, not on what the therapist gets from the patient. Patient and therapist are understood to be closely related to each other, and the relationship itself is used and examined for the patient's benefit. The patient's feelings and other psychological states are believed to be of great importance and, once understood, are considered to be a legitimate basis for choices in living. The search is for truth (idiographic rather than nomothetic), but only insofar as it is thought to cure. Truths which would be too hurtful are delayed, softened, or withheld from the patient ("timing," "depth of interpretation"). The therapist is nondirective and encourages autonomy, responsibility, and self-determination in the patient. The therapist's power in the relationship is limited.

As in the culture of biological research, the therapist's authority is obscured, albeit in different ways. In the therapeutic relationship, authority is obscured by the therapist's nondirective helpfulness and also by the belief that reactions to the therapist are, for the most part, a repetition of infantile concerns about parents. The psychotherapeutic culture tends to overlook, or to deny, that the therapist exercises his authority to create a work structure within which the patient must function, and that this structure and the therapist's actual authority are not really negotiable (Newton).

Also as in the culture of biological research, psychodynamic clinical care contains its own version of the belief that the primary determinants of behavior lie within the single organism (the patient). The relatedness of therapist and patient is developed, acknowledged, and examined. It is assumed, however, that as a result of the therapist's own special impersonality ("incognito," "abstinence"), what is exhibited and lived out in the relationship comes largely from within the patient. That is, the relationship and the social system which contains it are not thought to cause or determine the patient's behavior.

Put most generally, the major incompatibilities between the culture of biological research and the culture of psychodynamic clinical care concern the goal which is held in greatest value and the relevant resources for achieving it. The valued end in clinical care is the cured patient, in biological research it is scientific research findings. In biological research, the subject (patient) is a resource, a means for the discovery of truth, and the experimenter-subject relationship must be kept as distant as possible lest the ultimate value of the findings be lessened. The experimenter acts only to insure the subject's conformity to research designs. The subject as means is manipulated in order to achieve more valued ends. In psychodynamic clinical care, truth is a resource, a means for the cure of the patient, and the close relationship between therapist and patient is central to achieving it. The patient's dignity and self-determination must be protected lest his ultimate value as a person be lessened.

How was this incompatibility between the two cultures managed on the ward? By and large, the senior staff maintained that there were no major incompatibilities between the research and clinical care cultures, but they did so in a manner which seriously devalued clinical

care. First, as we have noted, clinical care was staffed with the lowest status ward personnel (junior staff nurses, aides, student psychiatrists), whereas ward leadership had a primary commitment to research. Second, senior staff at times offered a particular view of the ward's treatment program which greatly devalued it; they identified the ward as one of a series of clinical installations within the state through which chronic patients passed, its unique function being to collect data as they traveled through. From this vantage point, the ward's active treatment program existed simply to allow trainees and younger staff to try their hand at therapeutics--senior staff "understood" that such efforts, however noble in intent, were not likely to succeed. Stated baldly, this meant that as long as everyone tried hard, they could not be held at fault since the patients were "chronic" and thus incurable anyway. Since there was no reasonable expectation of significantly altering the course of "chronic psychiatric illness," the culture of the biological research laboratory did not conflict with treatment, there being no effective treatment to engage in anyway.

Yet team staff tried to generate the culture of the psychodynamically-oriented inpatient ward. In patient-staff meetings, staff frequently encouraged patients to talk about and understand their feelings in relation to their lives, current and past, outside of the hospital. However, patients typically responded by remaining silent, by complaining about research and treatment on the ward, or by giving testimonial speeches. The speeches were patently intended to secure privileges and discharge, or reprieve from feared procedures (such as spinal taps and electro-convulsive shock). Try as they would, team staff were unable to create a culture in the team which was different from that of the larger ward (and the BRC) which contained it. The psychotherapeutic value on self-determination and on the importance of feelings as a basis for choice could not supersede the research value that research designs must be implemented even when this violated the feelings and sense of self-determination of both team staff and patients. Staff and patients carried concrete experiences of the dominant ward (and BRC) culture with them into every attempt at a therapeutic encounter.

Social Process

In our usage of the concept of social proces, we intend two meanings. The first, more specific meaning is that commonly employed in the literature on group dynamics (Bion; Slater; Rioch). In this literature, the term group process is used to refer to the imagery, fantasies, and feelings, nonrational and irrational, which characterize collective life. These processes may interfere with the performance of group tasks, and to some extent (as Rise, 1969, has indicated) emanate from all those aspects of the person which are unused by his specific and limited role in the task-work.

Our most general meaning of social process includes the former, yet more broadly encompasses mode and tempo of work, what in fact the group does. What methodology (or technology) does the group employ to accomplish its task and what is the tempo of the work--continuous, low levels of activity over time (as in a small branch library) or alternating brief periods of intense activity and long periods of quiescence (a fire department)?

Our analysis of social process proceeds through the elucidation of group themes. Theme, as we use the term, involves both of the aspects of social process. A group theme is a way in which enduring and recurrent concerns are expressed, directly and indirectly, in the ongoing life of the group. Our formulation of a theme elucidates both the manifest concerns which arise as the group sets about its work, and the preconscious or unconscious imagery, fantasies, and feelings associated with them. Themes arise or surface repeatedly over time and are readily observable to outsiders. They also can be seen by members of the group to the extent that they are able to pull themselves out of the process sufficiently to attend to such matters. Often, however, group members are so submerged in the process that dominant themes go unnoticed. A theme may become so woven into the fabric of group life that it is taken for granted as part of the natural order of things.

Let us take as an example the reading of the patient roll in overall ward staff meetings. From time to time, as a way of monitoring clinical care, the Chief asked the Nurse Supervisor to read off the name of each patient registered on the ward. On one such occasion, there was much embarrassed giggling as clinicians voiced confusion regarding the status of various patients--"Who?", "Is he still registered here?", "How do you spell it?" This event was illustrative of a broader theme involving concerns about the quality of clinical care on the ward in general. Our formulation of this theme was that staff were embarrassed by the quality of clinical care on the ward, yet their attempts to do better often proceeded in a mechanical manner; reading the roll, for example, has little clinical value and tends to dehumanize the individual patient. The theme thus embodies a dual reference, on the one hand pointing to the mode of work (reading the roll) and manifest feelings (the embarrassment), while also pointing

to less rational, unconscious aspects of the group process (the embarrassed laughter both covers and expresses a fear that outsiders will discover the ward to be antitherapeutic and will punish the staff for it).

We turn now to three modal themes which characterized meetings of the clinical teams (the work group) and meetings of the senior staff group (the organizational context).

Theme I: Research Comes First, But So Does Clinical Care

As has been noted earlier, senior staff sought to maintain the view that the research and clinical care tasks were compatible and co-equal, and that work on both tasks was proceeding well. Team staff and patients held a sharply contrasting view--namely, that the priority was almost completely on research and that the main function of team staff was to maintain a steady flow of "cooperative" subjects for research. Stated more bluntly, this meant that when the chips were down, the therapeutic needs of patients must be secondary to the research designs of staff, no matter how hurtful this might be for patients or for the clinical team. The contradiction between these two views was rarely acknowledged and almost never discussed.

The latter view was expressed variously in patient-staff meetings. Patients often complained that they were being studied rather than treated. On occasion the image arose of the ward as a concentration camp where patients were prisoners and the staff were guards and wardens.[1] Team staff were very uncomfortable about being described in this way by patients; however, they had great difficulty in responding directly to the issue, often maintaining instead a pained and paralyzed silence. As has been noted, team staff tried to generate the culture of the psychodynamically-oriented inpatient ward with its values of psychotherapeutic clinical care. Complaints from patients were usually responded to as though they were simply fantasies to be explored for their irrational, intrapsychic origins. Staff response to patients' complaints often took the form of an interrogation. A patient would express a grievance about a painful and frightening research procedure or about the loss of ward privileges, and staff would reply with questions inviting the patient to explore more fully his feelings about the incident and others in his past. The reality aspects of his grievances were quickly left behind. The group process soon evolved into a Kafkaesque trial: the complaining patient took the role of guilty defendant, while the staff became prosecuting attorneys and judges who, in the guise of being "helpful," led the defendant into confessing the irrational sources of his grievances against the system.

Team staff not only had difficulty in fulfilling their own values regarding clinical care, but also felt powerless to keep the senior staff from asserting the primacy of research over their attempts to treat the patients. They felt profoundly pessimistic about the possibility of helping patients; despair and futility were everywhere apparent though rarely discussed.

The following incident vividly exemplified the conflict between research and clinical care tasks and the way in which this conflict was managed on the ward. As required by the research protocol, the team staff set about taking a blood sample from and doing other tests on Mr. K, a middle-aged patient of European origin who had been an inmate in a concentration camp during World War II. Mr. K became frightened and said that this situation reminded him of the concentration camp experiences. It seemed clear to several team staff members that he regarded himself as being subject once again to the malevolent designs of the Nazi experimenters. They made an initial decision to waive the tests (that is, to take him out of the research). This decision was overridden by the senior clinical staff members on the ward. They interpreted the team staff response as a form of "acting out" against the research and said that Mr. K would readily accept the procedures if they were presented in a kind but firm manner. They then went on to do just this, and Mr. K complied without further resistance.

The senior staff regarded this outcome as a confirmation of their position and they assumed that the team staff learned something valuable from it. However, they did not use the incident, at the time or subsequently, as an opportunity for mutual examination and teaching about the issues involved. The incident had considerable impact upon team staff. It reinforced their view that conflicts between research requirements and patient needs would always be settled by senior staff in favor of research, and that disagreements were not negotiable or even discussable. They experienced the interpretations given by senior staff not as invitations to collaborative learning but as weapons by which a coercive authority maintained its control. In short, for them this incident became an enactment of the concentration camp fantasy; they

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[1] The image of the ward as a concentration camp conforms to Goffman's study of what he calls "total institutions," settings within which all aspects of life take place under the same, immediate authority. In his study of the mental hospital Asylums, Goffman moves freely back and forth with examples drawn from psychiatric, penal, military, and concentration camp settings.

had the role of guards or agents of a powerful authority who used the patients (and staff) as objects for its own purposes, without concern for their needs or feelings. This in turn intensified their guilt towards patients and added to their difficulty in responding approximately to patients' requests and grievances. This theme (and others like it) was to be found in relationships within senior and junior staff, within team staff, and between team staff and patients. The process was sustained in part by the covertness of the issue: the system was not able to acknowledge, confront, and work on the painful problems of ordering and combining its major tasks.

In senior staff meetings, conflict between biological research and clinical care tasks surfaced repeatedly and was disposed of without intensive examination of problems and contrasting viewpoints.[1] The Assistant Chief of the ward (himself both a clinician and a laboratory investigator) usually spoke for the research task and against any additional allocation of resources for clinical care. He personified to team staff the culture of the biological research laboratory, and was seen (despite obvious personal qualities to the contrary) as tough, objective, and scientific to the point of being inhumane. Team staff often reacted to the Assistant Chief with resentment, oblique demands, or stubborn silence--much as patients reacted to them. On such occasions the Assistant Chief tried to convince team staff that clinical care remained dear to him. The message being conveyed was that he did the research out of a sense of duty and at the cost of his own personal preference for clinical care. His success is convincing team staff of this was as limited as theirs was with patients.

This symbolization of the Assistant Chief was largely a product of the informal division of labor between him and the Ward Chief. The two men formed an executive role constellation, performing different instrumental and emotional functions of leadership yet being integrated into a relatively closeknit dyad. With the Assistant speaking for research, the Chief--also a laboratory investigator and clinician--was free to speak for clinical care. While he rarely did so to the point of sacrificing research requirements, his seemingly greater resonance for clinical care and his willingness to temporize in minor areas of task conflict helped to foster a more benign view of him on the ward. Team staff saw the Chief (who was a strikingly handsome man in his thirties) as being softer, more sensitive, and potentially more responsive to their needs. This arrangement required that the Assistant take the role of stern authority and hatchet man, and that he be a primary receptacle for group anger. Ironically, this added to team staff's sense of frustration be creating the illusion that if they could get to the Chief more directly, things would be better. Yet between them were interposed the Assistant Chief, the senior staff nurses, the research task, and, in fact, the Chief's own commitment to research and to this authority structure.

When team staff nurses did succeed in getting to the Chief with their complaints and objections during senior staff-team staff meetings, the Chief generated such pain-filled vibrations as to appear fragile. The view of the Chief as vulnerable was reinforced by the fact that other senior staff members often moved in at such times to deflect the "attack." Thus any thought (and the rare occurrence) of direct confrontation by subordinates stimulated fantasies of the murder of the Prince and became the occasion for paralyzing guilt. As noted above, there was an unspoken fear among the senior staff as to the quality of clinical care on the ward. Officially, the senior staff portrayed the ward as working smoothly with only minor and episodic difficulty. It was at times evident, however, that senior staff regarded the ward as a sinking ship, and there was collective concern that authorities with responsibility for clinical care in the larger hospital might discover evidence of clinical laxity and ineptitude on the ward. This concern probably stemmed in part from collective projection since the staff's own standards of clinical care were very high and, given the ward's structure and task-priorities, unrealizable. The result, however, was a relatively successful effort to encapsulate the ward and to limit the "intrusions" of outside clinicians.

As for the research, the Chief and the Assistant Chief characterized the work as a long, slow, desert journey and at times accused the clinical team staff of sabotaging the data collection.

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[1] Stewart Perry's study of a psychiatric inpatient research service revealed similar conflicts between the research and clinical care tasks. In Perry's case, the psychiatric inpatient facility was established in order to conduct research, yet the Director of Research tended to speak for the needs of clinical care. In one instance, the ambiguity regarding primary task resulted in the actual abandonment of both research and treatment goals. A patient who had begun psychotherapy was administered LSD as part of the ward's--and her therapist's--research program. After her initial frightening experience with the drug, the patient refused a second administration, and administration which was required for the research design. Ultimately, the LSD research project was abondoned and the patient was transferred to another psychotherapist.

Theme II: It's Hard to Tell Who's Responsible for What Around Here

As we indicated earlier in the discussion of social structure, ambiguity regarding the division of authority characterized the ward as a social system. This ambiguity fostered powerful fears and fantasies in subordinates--i.e., in team staff vis-a-vis senior staff an in patients vis-a-vis team staff.

In patient-staff meetings, team staff presented themselves as helpful therapists, not as authorities. Staff sought to divest themselves of their managerial authority and their role as agents of the ward's research program. Yet many patients were unwilling to say anything beyond the patently innocuous in such meetings. The fact that full expression of feelings sometimes led to dramatic managerial action was not lost on them. For example, patients were encouraged to talk about their anger. One verbally adroit and acerbic patient did so in a manner which frequently got to team staff. She was then heavily medicated, and thereafter her contributions to patient-staff meetings consisted of paeans regarding the quality of the ward and its staff. Again, staff often asked patients to express their feelings of sadness and grief. However, noticeably depressed patients at times lost passes or received shock treatments. From the patients' point of view, it was difficult to know how far one could go in expressing feelings before staff would suddenly become managers, and, even, to know whether staff's therapeutic inquiries weren't really a ploy to trick patients into admissions which would be used against them in the system. The ambiguity about who had authority over what decisions (the resident, the Team Leader, the Ward Chief?), as well as the basis on which a given decision was reached, within a setting in which patients had concrete experiences with frightening and sometimes painful research and therapeutic procedures, added to whatever irrational anxiety patients had prior to entering the hospital. The workings of authority on the ward were hardly more comprehensible and reassuring than those in the social world outside, from which patients had sought respite.

In senior staff-team staff meetings, discussion of relations between the two groups exhibited a similar constraint and blandness. At times, senior staff tried to evince a concern with the feelings and problems of team staff members. The team staff (like the patients in the meetings noted above) typically remained silent or a few individuals would offer unconvincing testimonials to the desireability of the ward as a place to work. Only under great pressure did team staff indicate their fear of speaking out, lest senior staff retaliate, either on the job or by affecting their future careers elsewhere (through evaluations, letters of recommendation, etc.). Senior staff responded with manifest surprise and implicit denials of their managerial and supervisory authority; they presented themselves simply as concerned and helpful older colleagues. Since team staff had recurrent concrete experiences of them as controlling and harshly evaluative, the refusal to discuss authority issues worked to increase subordinates' fears and fantasies of senior staff as being unpredictably destructive.

Senior staff tended almost exclusively to understand such fear in subordinates as the result of individual psychopathology. For their part, team staff had great difficulty in grasping the parallel between patients' fear of them and their own fear of senior staff. The difficulties in considering such problems from a group or social systems perspective stemmed in part from the ideological individualism which characterized thinking on the ward.

Theme III: The Ward Would Be All Right If Individuals Would Stop Being So Neurotic

The biological research orientation and the psychodynamic clinical care orientation converged to create a powerful ideology in which the primary determinants of behavior were seen as residing within the single organism. Further, the research model of the experimenter-subject relationship and the clinical model of the therapist-patient relationship held in common the premise that the behavior to be accounted for was the behavior of the subordinate person. It was assumed that the expert authority (the researcher, therapist, senior staff member) behaved rationally. If the subordinate (the subject patient, junior staff member) did not "cooperate," an explanation was sought in the subordinate's inner irrationality.

Thus at all levels throughout the ward, problems were almost reflexively located within the subordinate individual. (This process, which may be termed "blaming the subordinate," has a close kinship to the phenomenon of "blaming the victim," about which Ryan has written at length.) In patient-staff meetings, patient behavior was seen as a product of intrapsychic dynamics and not as also a problem in current, immediate relationships with staff or as a group problem. When patients became angry at staff, staff members explained the origins of such feelings solely in terms of transference, projection, and the like. Similarly, when a team nurse criticized some aspect of ward management in a senior staff meeting, the Assistant Nurse Supervisor spoke in a superficially warm but clearly patronizing way of the young nurse's authority problems. Expressions of disagreement from team staff members were at times explicitly

explained as a sign of neurotic disability. On one stressful occasion, the Ward Chief quipped that the senior staff often wondered who was making the fastest therapeutic progress--the team staff or the patients. It was not possible, despite the strongly stated intentions of senior staff to develop relationships among staff or between staff and patients which had a genuinely collaborative aspect to them.

Conclusions

We conclude by restating and elaborating briefly on the two underlying theses of this study.

Thesis I: Social process in the work group is intimately related to its tasks, social structure, and culture. In the present case, there were feelings of despair both in patients and in team staff about the possibility of achieving the task of clinical care at a high level, despite the fact that both groups had strong commitments to this goal. These feelings resulted in part from the severity of patient psychopathology, but mainly they arose from the fact that clinical care was receiving precious little support from the larger ward which contained the clinical teams. Clinical care could not be the primary task of the ward, and the inability of ward leadership to acknowledge this prevented work that might have been done to support clinical care as a major second-priority task. Structures could not be created to protect and strengthen the clinical care function within existing contraints. This function was unnecessarily weakened and ended up a very distant second indeed. The nature of the ward's primary task-biological research--and of the culture which carried it was, in important respects, incompatible with the achievement of high quality clinical care. Further, the ambiguity of authority on the team--part of the work group structure created to further task attainment--stimulated patients' fears and fantasies of reprisal by staff.

Thus the very manner in which work on the team was organized, together with the primary task and culture of the larger ward, was creating "clinical" problems at least as fast as team staff could treat them.

Thesis II: The work group itself is strongly influenced by the tasks, structure, culture, and process of the organization. In this case, the senior staff stood for the primacy of the research task and generated a culture in which the clinical care task of the team had only secondary value. Again, the ambiguity of authority which characterized senior staff organization was also built into the social structure of the teams, and similar fantasies about authority were engendered in both junior staff and patients.

The patterning of authority, which is a central component of the social structure of the larger organization, plays a crucial part in the development of social process in the work group. First, the organization often commits itself to multiple and partially conflicting tasks (e.g., biological research and psychiatric clinical care) and also to multiple and partially conflicting values (e.g., experimental science and therapeutic humanism). Those in authority must determine the order of priority among the various tasks and values and on this basis allocate scarce resources. In the present case, the ward was part of a Biological Research Center whose Director--rather than being structurally equidistant from the ward and the laboratory--was also head of the laboratory facilities. This helped to insure the primacy and character of the research task and the culture which supported it. The character of the directorate, including the Director's authority, also insured that ward leadership would have to stand for the research task for which they were accountable to him. Clinical care would have to be of lessor importance. Second, the small work group--here the clinical team--experienced a sense of futility that reflected their estrangement from authorities at every level, all the way up to the BRC Director, since the task of clinical care, which was so important to them, had a lower priority for him and the organization he directed.

This view of the work group has implications for action oriented toward organizational change. The implication is, however, dialectical. To the extent that the small work group reflects in microcosm the workings of the organization, it perpetuates the status quo and becomes itself an obstacle to change. Little can be accomplished by seeking to alter through a purely inward focus the character of the small group in isolation from its organizational context. At the same time, the work group does provide a base from which organizational change can be effected. Particularly through its leadership, the work group can bring pressure

to bear on authority at higher levels within the organization.[1] However, in attempting to change the work group we need to consider the influence of the larger organization upon it. Significant enduring change in the work group requires corresponding change in the larger organization. The organization may allow or even encourage work group change on a tentative, experimental basis, and yet be unwilling to engage in more enduring, structural change at a wider organizational level.

As to the theory, we take the view that a combined sociological and psychological perspective is required if we are to develop an adequate social psychology of work groups and organizations. Mental health professionals and investigators, operating from the model of the individual or the dyad, have usually focused upon personal feelings and interpersonal events in groups into the exclusion of task, culture, social structure, and process both within the small group and in its social environment. This approach immediately reduces group phenomena to an individual or dyadic level, rather than starting with the group as social fact requiring its own appropriate (sociopsychological) level of analysis and then proceeding to the individual. The result is a psychology of the individual or the pair within an unexplained group setting (i.e., unexplained because unexamined). This approach, however valuable in itself, does not provide or utilize a theory of groups, and the essential social facts to be explained are defined out of existence. It is our belief that a comprehensive theory of the work group cannot be limited to a single level of analysis but must conjointly utilize group-level constructs (such as task, culture, social structure, and process)[2] as well as constructs relating the group to its organizational and wider social context, on the one hand, and to its individual members, on the other.

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[1] In this regard, however, work group leadership presents a dilemma to both lower and middle-level management. That is, the leader occupies a position which is located on the boundary between the work group and higher management. On the one hand, he is appointed leader by management and he represents organizational authority in the work group. On the other hand, he is usually the only member of the work group who has direct, formal channels to senior management, and his group expects him to represent their interests at higher levels of the organization. The person in this position often feels cross-pressured and unclear as to whether he belongs to the work group or to management. If he identifies too strongly with the work group, he runs the risk of being swallowed up by the group and disowned by management. If he attempts to join management, he may be hated by the work group as a feckless traitor. If the leader vacillates between the two extremes, he may become imprisoned on the boundary, disowned by both groups and denied psychological entry to either.

[2] We do not regard this set of four constructs as exhaustive. In working toward a comprehensive analytical framework, we have started with these because we consider them of central importance. Among the other constructs that need to be taken into account in the study of groups and organizations are: material resources, technology, demography (i.e., the distribution of social and psychological characteristics such as sex, age, race, and work-relevant personality characteristics), and the like. An additional construct of importance here is that of "career"; that is, the differential participation of individuals in the work of the group and the organization is determined to varying degrees by considerations of career.

REFERENCES

1. Bion, Wilfred R., Experiences in Groups; London, Tavistock Pubs., 1959

2. Bucher, Rue, "Social Process and Power in a Medical School," in Mayer N. Zald (Ed.), Power in Organizations; Nashville, Vanderbilt Univ. Press, 1970.

3. Durkheim, Emily, Suicide; Free Press, 1951.

4. Goffman, Ervin, Asylums; Doubleday Anchor, 1961.

5. Hodgson, Richard, C., Levinson, Daniel J., and Zaleznik, Abraham, Executive Role Constellation; Harvard Univ. Graduate School of Business Administration, 1965.

6. Inkeles, Alex, and Levinson, Daniel J. "The Personal System and the Sociocultural System in Large-Scale Organizations," Sociometry (1963) 26:217-229.

7. Katz, Daniel, and Kahn, Robert L, The Social Psychology of Organizations; Wiley, 1965.

8. Levinson, Daniel J. "Role, Personality, and Social Structure in the Organizational Setting," J. Abnormal and Social Psychology (1959) 58:170-180.

9. Menzies, Isabel, "A Case Study in the Functioning of Social Systems as a Defense Against Anxiety," Human Relations (1960) 13:95-121.

10. Meyerson, Martin, "In the Dark: Authority and the Covernance of Universities," AAUP Bulletin, June, 1971, pp. 163-165.

11. Miller, E.J., and Rice, A.K., Systems of Organization; London, Tavistock Pubs., 1967.

12. Newton, Peter M., "Abstinence as a Role Requirement in Psychotherapy." Psyichiatry (1971) 34:391-400.

13. Perry, Stewart, The Human Nature of Science; Free Press, 1966.

14. Rice, A.K., Learning for Leadership; London, Tavistock Pubs., 1965.

15. Rice, A.K., "Individual, Group and Intergroup Processes," Human Relations (1969) 22:565-584.

16. Rioch, Margaret J., "The Work of Wilfred Bion on Groups," Psychiatry (1970) 33:56-66.

17. Ryan, William, Blaming the Victim; Pantheon, 1971.

18. Schaar, John, "Legitmacy in the Modern State," in Philip Green and Sanford Levinson (Eds.), Power and Community: Dissenting Essays in Political Science; Vintage Books, 1970.

19. Silverman, David, The Theory of Organizations; Basic Books, 1971.

20. Slater, Philip E., Microcosm; Wiley, 1966.

21. Sofer, Cyril, The Organization from Within; London, Tavistock Pubs., 1961.

TEN DOMAINS FOR UNDERSTANDING ORGANIZATIONS

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INTRODUCTION

This paper will describe ten domains that are useful in understanding organizations and institutions. The use of these domains allow for a more comprehensive approach for understanding organizations. An attempt will be made to synthesize aspects of a psychoanalytic, social, psychological, psychodynamic and sociological theories of organizations. The ten domains discussed are the following:

1) Origins and History
2) Major Task(s)
3) Social Sturcture
4) Boundary Management
5) Culture
6) Social Process
7) Technology
8) How an Enterprise generates, allocates and utilizes resources
9) Effectiveness and Efficiency (output)
10) Demographic Characteristics

AIMS

The primary purpose, as noted above, is to develop a more comprehensive approach for the understanding of organizations. The ten domains, stated above, refer to complex, interrelated perspectives or vantage points from which organizations can be examined.

The approach taken here is a synthesis and expansion on the following theories of organizational and human behaviro.

1) The sociopsychological constructs for understanding organizations and groups as discussed by Newton & Levinson (1973); Inkeles & Levinson (1963).

2) The open systems theories of organization and human behavior (Barker, 1973; Miller, J.G., 1965; Rice and Miller, 1967; Katz and Kahn, 1966; Rice, 1958, 1963; Trist and Emery, 1965; von Bertalanffy, 1968).

3) The psychoanalytic works of Turguet, 1973; Bion, 1961; Slater, 1966; Levinson, 1972; Freud, 1949; Menzies, 1960; Rioch, 1970; Klein, M., 1959.

4) The social psychological principle of organization and behavior as discussed by Argyris, 1964; Schein & Bennis, 1965; Branford, Benne, & Gibb, 1966.

5) The literature by (Kovel, 1970; Malcom X, 1965; Allport, 1958; Fanon, 1967; Hernton, 1965, 1971) on the issues of racism, prejucide, opression and sexism, provides pertinent data to examine how the demography of an organization can influence its dynamics and behavior.

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These areas are complex interrelated perspectives or vantage points and are essentially heuristic; they are not yet adequatley conceptualized and the boundaries between and among them are ambiguous at many points. However, they have some utility in providing a more systematic view of organizational dynamics and phenomena that must ultimately be taken into account, for a comprehensive understanding of organizations.

DIAGNOSTIC DOMAINS

The order in which the domains are described below, are not indicative of thier relative importance. However, at times, contingent on the dynamics of an organization, various domains will emerge to the foreground of the organization's structure and processes.

1) History and Origins of the Enterprise:

The history and origins of an enterprise is important information for the diagnostician. H. Levinson (1972), suggests that the diagnostician must discover the background of the institution, changes in leadership, key development phases, major crises of the institution, age, type of institution, size, affiliations, and product-history, i.e., changes in the organization's goals, technologies, services, employee and clients. Another aspect of information concerning history of the organization is the dynamics surrounding its conception, i.e., the founder. How it was formed? How did the social structure develop? Was the formation planned? These questions asked, what was the condition of milieu at the time the organization was conceived. The history-taking process is analogous to the process that a psychoanalytic-oriented psychotherapist might ask his/her client.

H. Levinson states, "The consultant must not only know how the organization is functioning and why, but also how those forces evolved and what historical forces continue to influence its activity."

The history of dynamics that operates in organizational life provides a vantage point from which aspects of the enterprise behavior can be understood. In sum, the organization is a product of its experience, i.e., history.

2) Task(s) of the Organization:

"A task is the end toward which work is aimed (Miller and Rice, 1967). Organizations and groups have multiple major tasks to perform,however, the organizations must perform a primary task - the task it must perform to survive." Other tasks, are given lower priority and resources. At times the lower priority task supports the primary task - for example, the recruitment of medical doctors in hospitals. Newton and Levinson write that the definition of the primary task has important consequences for a group or organization. The definition of primary task provides the basis for decision about the mode of work and technology that will be employed. Definition of primary task may also form the basis for the creation of social structure and social processes. Selznick (1956) suggests, "an appropriately defined primary task offers stability and direction to an enterprise protecting if from adventurism or costly drifting." Definition of primary task also generates conflict, if the vision of a primary task is located in top management, it will be subject to distortion, fluctuation, and confusion. Simply stated differently, if members of an organization are not clear on what they are supposed to do and how to do ambiquity and unclarity regarding primary task has major consequences for the system. It provides the setting for competing, incompatible goals and non-task behavior to emerge.

At times a group or its leadership may allow and foster ambiguity and confusion regarding the primary task and act in non-productive ways in order to defend against anxiety, conflict, and perhaps pain that is related to the primary task.[1]

How an organization defines its primary task and the mode in which it is carried out, often provides the central dilemma(s) for the organization.

The definition of primary task provides an essential criterion for the evaluation of the organization's performace and effectiveness. Therefore, ambiguity surrounding the primary task and task priority has consequences for the evaluation of the organization's export product.

An analysis of task(s) of the enterprise provides potent insight into the phenomena of the organization.

Social structure provides the vehicle to carry out the primary task of the enterprise. Unclear and ambiguous structure jeopardizes the enterprise.

An analysis of social structure, (i.e., division of labor, division of authority, and the accountability structure) is a central aspect of understanding organizational life.

3) Social Structure of the Enterprise:

The social structure of an enterprise provides the framework of the organization. It sets the forms and patterns and various devices for integrating and coordinating the organizations activities. Two essential aspects of social structure are the division of labor and the division of authority. The division of labor, is the way in which the work of the enterprise is distributed among its parts. Within the division of labor, organizational positions are created. Positions refer to social structure, and are more or less permanent, they are subject to change when the organizational structure changes. Roles are another aspect of social structure, and refer to the function of the positions in the social system. Levinson, (1959) emphasized the distinction between role and position and suggests that if one loses the idea of position and thinks only in terms of role, one tends to over-emphasize process, activity, function, and obscure structural properties from which organizational life emerges.

Division of labor also refers to the differentiation of the organization to accomplish its task. With differentiation of an enterprise into sub-system(s), the need for integration of the various sectors activities are necessary. If integration of the enterprise is required, then managers are given responsibility to coordinate the activities of the various sub-system(s). Given the responsibility of integrating the activities, authority is required, i.e., the legitimate right to make demands, exert influence and give directions, and to apply sanctions. In order to achieve integration of the enterprise, stratification occurs, that is hierarchical arrangement of the positions. This hierarchy, i.e., a divison of authority is another central aspect of social structure.

The division of authority relates here to the patterning of subordination within the organization and its sub-sustem(s). Within the structure, authority is invested in positions and not in individuals. If a position has the responsiblity to coordinate and supervise subordinates, it then must have authority to accomplish this task. Often a position carries more responsibility than authority.

The way in which the individual uses the authority invested in him/her, provides important information about the nature of the social structure and is related to the culture of the organization.

The structural characteristic of an organization has consequences; 1) for its management; 2) how members see, understand, and relate to their work. Ambiguity regarding authority and subordination provides the setting for frustration and confusion. When individuals are not clear about accountability and responsibility, they are likely to indulge in non-task behavior. When the structure is incompatible with the primary task of the enterprise, the system is in for trouble.

Social structure provides the vehicle to carry out the primary task of the enterprise. Unclear and ambiguous structure jeopardizes the enterprise.

An analysis of social structure, (i.e., division of labor, division of authority, and the accountability structure) is a centeral aspect of understanding organizational life.

4) Management of Boundaries, Internal and External:

The division of labor defines boundaries, and the division of authority locates responsibility for regulating and controlling them. The concept of boundaries is crucial from an open system perspective, E.J. Miller and A.K. Rice (1967) suggest boundaries should be considered a region rather than a line. Boundaries serve two major functions for an open system. First, it has a separating function: it acts as the demarcation between the organization and what is external to it; and serves to define the various internal operations of the system. Second, boundaries have a transactional function that exists to enable useful exchange between system and environment. From an open system perspective, survival is contingent on continuous exchange with the environment. The interaction of the enterprise can be thought of in terms of permeability of the organization's boundaries. The degree of and kind of permeability will affect the adaptation of the organization to its environment. Too porous a boundary invites a chaos and disorganization, whereas rigid boundaries become barriers causing death through entropy.

Miller and Rice (1967) state: "management of an enterprise requires three kinds of boundary control:"

1) Regulation of task system boundaries (i.e., regulation of the whole enterprise as an import-conversion-export system and regualtion of constituent system of activity).

2) Regulation of sentient system boundaries (the boundaries of the groups to which individuals belong either directly through their role in systme of activity or indirectly through their consequential roel-sets and personal relationships).

3) Regulation of relations between task and sentient systems. In general, management of boundaries is crucial in leadership for an enterprise. Without adequate boundary definitions of task and sentient groups, organizational boundaries are difficult to define. If a boundary is not located adequately, individuals will draw it at various places and it will lead to confusion inside and outside. In the individual, this leads to mental breakdown, in an enterprise, to inefficiency and failure.

As stated above, the boundaries of an organization are the area in which organizational, environment transactions occur. Boundary structures refer to the procedures, rules, personnel, organizational sub-units, etc., which carry out the modification or transformations which occur in environment-organization exchanges (Berrier, F., 1968).

Boundary structure can be conceptulaized as being of three types: (a) position or role related; (b) sub-unit; (c) inter-organizational. Position or role related boundary structures are those in which expectations about role performance are determined by requirement from outside as well as by requirements from inside the organization. The sub-unit boundary structure refers to overall hierarchical organization of boundary sub-unit positions. The third type of boundary structure is inter-organizational and refers to links both formal and informal with other organizations and environments (Astrachan, 1973).

The way in which these boundaries structurs are managed provide informaiton about the organization's coping mechanisms. The coordination among and flow of information accross the various boundaries structures denote the management responses to boundary control

Astrachan further asserts that boundary sturcturs can be classified as either programmed or heuristic. Porgrammed units have little autonomy and also no capacity for response to novelty in the environment. More heuristic units have greater freedom of action to respond to novelty or turbulence in the environment. This author does not view modes of response as either the programmed or heuristic. Rather, programmed-heuristic modes of response forms a continum.

Both extremes of the continuum jeopardize the organization's health and productivity. Overprogrammed responses tend to be rigid and unchangeable, the boundary (as mentioned above) becomes a barrier and leads to death through entropy. Too heuristic of a response jeopardizes the integrity of the organization's boundaries, thus becoming so porous and fluid that it would be hard to define the organization from the environment. How an enterprise understands and tend its boundaries provides insight into how the organization manages its processes.

5) Culture of the Organization:

Culture is an aspect of an organization as it is in communities and societies.

The culture includes traditions, values, and philosophies of the organizations. The organizational ideology and ethos are aspects of the culture. Symbols, slogans, customs, taboos, and prohibitions also represent the cultural properties of institutions.

A major aspect of culture is the mythology of the organization. The mythology of an organization is enacted by folklore and organizational image in the minds of the individuals associated with the organization. Do they view it as an extended family, controlled by a benevolent father or nourishing mother? Is it experienced as a profit-making machine, without morals or a potent noble enterprise devoted to amelioration or psycho-social pathology?

The culture of an organization entails accepted ways of leading and following; norms regarding related to males and females behavior also are part of the culture.

Potentially, the culture can be a source of strain for the enterprise or a source of strength.

Little is known regarding the cultural properties of an enterprise and how the matrix of the individuals' native culture of the organization relates to social structure and processes, tasks, and goals. Newton and Levinson suggest culture and social structure tend to be relatively congruent but in a changing social system the fit will not be perfect. Over time changes in one are likely to produce changes in the other. When culture and goals are not congruent, it may be a source of strain.

An analysis of cultural properties of an enterprise provides another piece of the puzzle.

6) Social Process of the Enterprise:

Social structure provides the framework for enterprises, i.e., division of labor and division of labor and division of labor and division of authority. Social process is related to the actual working, dynamics and functions of the enterprise.

Within this domain, social processes can be analyzed on four levels: (1) the group level; (2) the interpersonal level; (3) the intrapersonal level (Klein, et al., 1973), and (4) the inter-group level. Each refer to a behavioral system conceptually different from, and related to the others.

Group level processes refer to the behavior of the group as a social system, as an organism, and the individual relatedness to that system (Bion, 1959). The concept of basic

assumption group provides the conceptual framework for understanding an aspect of group-level phenomena, e.g., dependency, fight/flight, pairing and fusion (Turquet). Group level phenomena provide the data about the group transference and counter-transference that occur in the enterprise. Primal horde themes, sibling rivalries, group fantasies surrounding the authority can be operative at the group level. This perspective of group level has emerged from a psychoanalytic framework.

On the other hand, the interpersonal level of a social system refers to the member to member relations that exist in the enterprise. Social psychological principles provides a potent vehicle for understanding the interpersonal processes. The issues of crossed communication; the various roles members take in group settings, e.g., maintenance, task, or individual centered behaviors. The concern for interpersonal climate and feedback properties of an organization are another aspect of the social psychological configuration. In sum, interpersonal level entails the roles individuals take, the communication and interpersonal styles within the organization. As well as, the sytle and form of management behavior and how it influences the response, motivation and performance of subordinates.

The intra-personal level refers to individula relatedness to himself, fantasy live, management of anxiety and impulse. The focus here is on character traits, unconscious motives, modes of ego defense, ego ideal and life goals. A person will find one organizational system more congruent than another with his inner structural requirements, i.e., how it gratifies his wishes, provides fulfillment of value system and does not tamper with his/her vulnerabilities (Inkels, 1963). The intra-personal level is concerned with how an individual and his behavior fits into the organization.

The intergroup level refers to sub-group formation and the various formal and informal sub-group in a social system. The inter-group level focuses on various memberships individulas carry with him/her and their behavior toward the out-group.

Intergroup phenomena provides a perspective to comprehend inter- and intra-organizational relations. Analysis of intergroup phenomenon provide such data about; competition of an enterprise; the degree of cooperation and conflict that exist among the various sectors; how sectors may be scapegoated; how the groups develop structure, both formal and informal; and the dynamic of inter-organizational relations.

Since behavior is multi-determined, any social system can be examined and understood in terms of any or all of these levels simultaneously.

More generally, social processes characteristics include rhythms of work, themes of work groups, the dynamics that interfere with the ability of a work gorup to accomplish its tasks.

Social processes are connecting fibers of the enterprise providing the cement of dynamite of the organization. An analysis of social process will reveal how the enterprise is holding together or splitting apart.

") Technology of the Institution:

The technology component plays a major role in determining the self-regulatory properties of an enterprise. It functions as one of the major components of the organizational system. Thus, it influences the degree to which an organization achieves its goals. Material, machines and territory make up the technologicla component (Emery and Trist, 1960).

Homans (1950) asserts that social systems exist within a three part environment: cultural environment (the norms, values and goals of society), a physical environment (the terrain, climate,etc.), and a technological environment (the state of knowledge and skills available to a system for performance of its task). He further postulates that the various environments are fully dependent. Therefore, any change in either environment will produce changes ir the other. A change in work technology will produce changes in patterns of interaction, i.e., the Tavistock studies on the long wall coal mining method destroyed some of the primary work groups. Workers' problems might come from a technologicla innovation and redesign of work and how it affected the psychologicla contract between workers and management. Hackman (1973) asserts the way in which the jobs are designed has a significant impact on the motivation and performace of the employee.

He postulates that task significance, task variety and task autonomy are important dimensions.

The technology of an enterprise is in part, determined by primary task and its external environment and is an integral part of the enterprise.

8) Resource Generation, Allocation and Utilization of an Organization:

How an institution generates, allocates and utilizes resources reflects the ability of management to survive and cope with the external turbulent environment.

Recruitment of competent employees to carry out the task of the institution refers to the institution's adaptability and foresightedness.

In-house training programs for the employee to reflect the enterprises concern for generating resources.

These are broad problems that can be divided into two major areas. The first, a policy of recruitment, training and allocation designed to get the best performance out of the workers. Oft-time a major dilemma of organization arises because policies and practices which insure organizational effectiveness may often leave an individual's needs unstaisfied and compounded and create problems above and beyond the one the person brought with him/her.

The second is allocation and effective utilization of organizational resources (human, technological and environment). Does the organization mold the individual to fit the positions? Or, changes to provide optimal organization-individula fit. An analysis of how an organization utilizes its resources provides insight about management style, the function of boundary structures and coping-styles.

9) Effectiveness and Efficiency of the Organization:

By effectiveness what is meant is the extent to which the organization is able to meet goals and primary tasks that it sets for itself. For example, question of high or low production and quality of product. Efficiency expresses the relations between the outputs and the cost necessary to attain it (Inkeles and Levinson, 1963).

In addition to the achievement of goals and sub-goals of an organization, Etzioni (1960) asserts the organization must fulfill four major functions for survival: 1) effectiveness, coordination or organizational sub-units; 2) the acquisition and maintenance of necessary resources; 3) adaptation of the organization to the environment and to its own internal demands.

Lawrence and Lorsch point to an optimal degree of differentiation and integration in those parts of the organization that are critical as the best criterion of organizational effectiveness.

Finally, E. Schein (1970), asserts organizational effectiveness hinges upon good communication, flexibility, creativity and genuine psychological commitment. These conditions are to be obtained by 1) recruitment, selection and training practices that stimulate rather than coerce people; 2) more realistic psychological relationship based on a more realistic psychological contract; and 3) more effective group action.

The organizational consultant must look at how the other domains discussed effect the enterprises performance. This vantage point from which to stand gives a view of the organizational export process.

REFERENCES

1. Goffman, E., Asylums, Doubleday, New York, 1961.

2. Levinson, D.J., Merrifield, J. and Berg, K., "Becoming a Patient," Arch. Gen. Psychiat., 17:385-406, 1967.

3. Guion, R.M., "Personnel Selection," Annual Review of Psychology, 1967.

4. Alderfer, C.P. and McCord, C.G., "Personal and Situational Factors in the Recruitment Interview," J. Applied Psychol., 54:377-385,1970.

5. Levinson, D.J. and Klerman, G.L., "The Clinician-Executive," Psychiatry, 3-15, 1967.

6. Miller, E.J. and Rice, A.K., Systems of Organization, Tavistock, London, 1967.

7. Rice, A.K., The Enterprise and Its Environment: A System Theory of Management Organization, Travistock, London, 1964.

8. Sheldon, A., Baker, F. and Mclaughlin, C., Systems and Medical Care, M.I.T., Cambridge, 1970.

9. Boulding, K.E., "General Systems Theory—The Skeleton of Science," in Buckley, W. (ed.), Modern Systems Research for the Behavioral Scientist, Aldine, Chicago, 1968.

10. Hall, A.D. and Fagen, R.E., "Definition of System," in Buckley, W. (ed.), Modern Systems Research for the Behavioral Scientist, Aldine, Chicago, 1968.

11. Danielli, J.F., "The bilayer Hypothesis of Membrane Structure," Hospital Practice, 68-71, Jan., 1973.

12. Schneiderman, L., "Social Class, Diagnosis and Treatment," Am. J. Orthopsychiat., 35:99-105, 1965.

13. Hodgson, R.C., Levinson, D.J. and Zaleznik, A., The Executive Role Constellation: An Analysis of Personality and Role Relations in Management, Harvard Business School, Cambridge, 1965.

14. Piven, F.F and Cloward, R.A., Regulating the Poor; The Function of Public Welfare, Pantheon, New York, 1971.

15. Brill, N.Q. and Storrow, H.A., "Social Class and Psychiatric Treatment," Arch. Gen. Psychiat., 3:340-344, 1960.

16. Harrison, S.I., McDermott, J.F., Wilson, P.T. and Schrager, J., "Social Class and Mental Illness in Children," Arch. Gen. Psychiat., 13:411-417, 1965.

17. Astrachan., B.N. Harrow, M. and Flynn, H.R., "Influence of the Value System of a Psychiatric Setting on Behavior in Group Therapy Meetings," Soc. Psychiat., 3:165-172, 1968.

18. Detre, T., Sayres, J., Norton, N.M. and Lewis, H.C., "An Experimental Approach to the Treatment of the Acutely Ill Psychiatric Patient in the General Hospital," Conn. Med., 25:613-615, 1961.

19. Fleck, S., "Psychiatric Hospitalization as a Family Experience," Acta. Psychiat. Scand., 39, Suppl. 169, 1963.

20. Lynton, R.P. "Linking an Innovative Sybsystem into the System," Admin. Science Quarterly, 4:388-415, 1969.

21. Community Mental Health Centers Act of 1963, Public Act 88-164, Federal Register, May 6, 1964.

22. Astrachan, B.M., "Many Modest Goals: The Pragmatics of Health Delivery," Conn. Med. (in press,1973)

23. Baker, F. and O'Brien, G., "Intersystems, Relations and Coordination of Huamn Service Organizations," Am. J. Public Health, 61:130-137, 1971.

24. Tichler, G.L., "The Effect of Consumer Control on the Delivery of Services," Am. J. Orthopsychiat., 41:501-505, 1971.

25. Tischler, G.L., Henisz, J., Myers, J. and Garrison, V., "The Impact of Catchmenting," Administration in Mental Health, 1:22-29, Winter, 1972.

17. Astrachan, B.N., Harrow, M. and Flynn, H.R., "Influence of the Value System of a Psychiatric Setting on Behavior in Group Therapy Meetings," Soc. Psychiat., 3:165-172, 1968.

18. Detre, T., Sayres, J., Norton, N.M. and Lewis, H.C., "An Experimental Approach to the Treatment of the Acutely Ill Psychiatric Patient in the General Hospital," Conn. Med., 25:613-615, 1961.

19. Fleck, S., "Psychiatric Hospitalization as a Family Experience," Acta Psychiat. Scand., 39, Suppl. 169, 1963.

20. Lynton, R.P. "Linking an Innovative Subsystem into the System," Admin. Science Quarterly, 4:388-415, 1969.

21. Community Mental Health Centers Act of 1963, Public Act 88-164, Federal Register, May 6, 1964.

22. Astrachan, B.M., "Many Modest Goals: The Pragmatics of Health Delivery," Conn. Med. (in press, 1973).

23. Baker, F. and O'Brien, G., "Intersystems, Relations and Coordination of Human Service Organizations," Am. J. Public Health, 61:130-137, 1971.

24. Tischler, G.L., "The Effect of Consumer Control on the Delivery of Services," Am. J. Orthopsychiat., 41:501-505, 1971.

25. Tischler, G.L., Henisz, J., Myers, J. and Garrison, V., "The Impact of Catchmenting," Administration in Mental Health, 1:22-29, Winter, 1972.

MODULE IV

THE SUPERVISORY PROCESS

SCOPE

The purpose of this module is to specify and describe the primary elements in the supervisory process. Attention is given to supervisory process in the administrative and clinical aspects of supervision, evaluation and the criteria for evaluation, the supervisory interview, and management by objective as a method of structuring the supervisory process.

LEARNING OBJECTIVES

Upon completion of this module each participant will be able to:

- Describe, in writing, three elements in the clinical aspects of supervision.
- Describe, in writing, three elements in the administrative aspects of supervision.
- Specify, in writing, the purpose of formal evaluation in supervision.
- Identify, four conditions that any criteria for evaluation should meet.

LEARNING ACTIVITIES

- Lecturette - "Teaching and Administrative Aspects in the Supervisory Process" (30 - 40 minutes)
- Exercise - "Draw-A-Bridge" (15 - 20 minutes)
- Lecturette - "Management by Objectives (MBO) and the Supervisory Process" (30 - 40 minutes)
- Exercise - "Writing Performance Objectives" (individual exercise 30 - 40 minutes)
- Small group exercise - Presentation and Evaluation of Performance Objectives

AN ANALYSIS OF THE SUPERVISORY JOB

Emerson Holcomb

At the time this article was written, Mr. Holcomb was Executive Secretary of the Family Service of New Haven, New Haven, Connecticut.

EARLY IN 1955 the Family Service of New Haven completely revised its classification of professional positions and rewrote its job descriptions for caseworkers of all grades. At that time it was agreed that the job descriptions for the supervisory positions would also have to be rewritten. Informal discussions among staff members indicated, however, that there was a diversity of opinion about the content of the supervisor's job. A review of the literature revealed no comprehensive statement that would resolve these differences. It seemed necessary, therefore, for us to draft a description of the supervisory job to which all those who were involved could agree. Such a description would be useful as the basis for writing the various job descriptions.

This paper is the result of these efforts. The original draft was subjected to a critical analysis by four staff members. As a result of this analysis, the statement was revised and expanded. It should be emphasized that the title of this paper describes the content of the statement. The statement is as complete an analysis as we have been able to formulate of the purpose, nature, and content of the supervisory job. It does not attempt to say how the job is done; no methods or techniques are listed or described.

The supervisor's position is one of peculiar complexity, placed as it is at the center of a cluster of forces and demands which at times operate in different directions and with varying strengths. Yet each must be dealt with effectively. These forces include the individual caseworker and the group of caseworkers for whom the supervisor is responsible; the relationships between the worker, or workers, and the staff members for whom other supervisors are responsible; other supervisors; the agency's functions; the rules and procedures that have been administratively determined to implement those functions; the executive; the board of directors or policy-making body; and the community, represented by individuals, other agencies, organizations, and groups of these of varying composition and influence.

The central function of the supervisory position may be simply stated: to enable the agency to give appropriate, meaningful service to all its clients. In order to do this, the supervisor must enable each caseworker to give maximum, positive help within the agency's functions, with a minimum of difference in effectiveness from that of other caseworkers and without reducing the quality of service to the lowest common denominator. This means that it is the supervisor who sets the tone and creates the atmosphere for the caseworker's performance. Thus, the primary objective of the supervisor is to be an enabling person in relation to the caseworkers, within the framework of the agency with its scope and opportunities as well as its limits.

In the discharge of the supervisory function three principal elements can be identified. They are, however, so interrelated as to make clear differentiation difficult and at times almost impossible. These elements are educational, consultative and administrative.

Teaching Elements

The teaching or educational aspect of the supervisor's job[1] is most prominent in his work of supervising the caseworker who is beginning professional practice. It is to be expected that the supervisor will be able to devote progressively less time to teaching as the individual caseworker is enabled to exercise increasingly greater self-determination in the timing and focus of supervisory conferences. The ultimate aim of the supervisor should be to reduce his teaching function to a minimum, at the same time as his consultative function is increased.

The supervisor has the responsibility for helping the caseworker in the first years of practice, by direction, guidance, encouragement, and correction, to transmute into firmly

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[1] The material in this section is based largely on the writings of Mrs. Lucille N. Austin and Miss Charlotte Towle. See especially Lucille N. Austin, "Basic Principles of Supervision," in Techniques of Student and Staff Supervision, Family Service Association of America, New York, 1953, pp. 1-9; also in Social Casework, Vol. XXXIII, No. 10 (1952), pp. 411-419; and Charlotte Towle, The Learner in Education for the Professions, University of Chicago Press, Chicago, 1954.

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entrenched attributes the qualities and skills that have been acquired in graduate training and are fundamental to the casework job. In this process, five areas can be identified.

Scientific Thinking: It is the supervisor's responsibility to help the caseworker develop his native capacity for, and experience in, scientific thinking. In doing this the supervisor should utilize the caseworker's theoretical and experimental knowledge of human behavior and social investiigation. The aim of this process is to help the caseworker formulate precise, although perhaps tentative, hypotheses of psychosocial diagnosis, treatment methods, and goals on the basis of specific information; and consistently to test, revise, confirm, or discard these hypotheses in the light of subsequent experience, information, and understanding. To do this, the supervisor must help the caseworker become habituated to recognizing and evaluating the implications of general and professional knowledge and theory in relation to the specific client's situation; to relating the meanings of the specific information about the individual client to general and professional knowledge and theory; and to formulating deductions from this process which are applicable in the caseworker's efforts to help the particular client.

Experimentation: Closely related to the effort to develop the caseworker's ability in scientific thinking is the need for the supervisor to encourage experimentation by the caseworker, at the same time that all necessary steps are taken to safeguard the clients' welfare. Only in this way, provided that the experimentation is soundly based on scientific thinking, can the caseworker develop his own abilities and capacities and learn simultaneously, through personal experience, that individual and social change generally proceed at a slow rate, in parts and segments which may be--but are not necessarily--integrated later into a somewhat different whole. Thus, the supervisor can help the young caseworker to come to terms with the understandable impatience that he frequently expresses about the ways and rates, the degrees and limits, of individual and social change.

Historical Perspective: The experience acquired by the caseworker through experimentation will remain "knowledge without wisdom" unless it can be placed in proper perspective. Accordingly, the supervisor must help the caseworker become progressively and increasingly aware of the broad implications of securing social histories.

Just as the individual situations, and the feelings about and reactions to them, with which the caseworker comes into daily contact are the products of the past and present—that is, the histories of the individuals involved--so with groups, societies, and nations. As the supervisor helps the caseworker to understand the individual and to view his symptoms from the standpoint of their hisotry, the caseworker may become ever more capable of dealing therapeutically with the client and his symptoms. It is not possible to acquire this understanding without being able to relate the individual to his social environment, which includes his family, his society with all its attitudes and institutions, and the larger world.

Relation to Agency and Community: Well-developed habits of scientific thinking, the ability to conduct carefully controlled experimentation, and a full awareness of historical perspectives do not suffice, however, to make an adequate, well-rounded caseworker. These attributes will be relatively ineffective unless the supervisor can successfully help the caseworker to relate positively but with objectivity to the supervisor; to the agency of which each is a part, to its functions, methods, and limitations, and to the community, which provides the setting and ultimately decides the agency's functions, methods, and limits.

The supervisor should keep in mind the fact that attainment of this end involves a dynamic process; in the majority of instances a secondary identification with the supervisor is formed by the caseworker fairly early in their work together. This identification needs then to be broadened to include first the agency and then the community. By the time the latter phase has been initiated the caseworker, with the help of the supervisor, should be able to begin to sift out those aspects and attitudes that are personal from those that are professional and to discard the former. In this way the caseworker is enabled to move from a somewhat blind identification with the supervisor to a positive but more objective attitude.

The supervisor should be alert throughout this process to the ways and rates of its development, for these may provide valuable clues to the caseworker's patterns of learning, professional potentialities, and ways of relating to clients.

Professional Security: The supervisor caseworker relationship must be one from which the latter can derive a basic professional security and in which preconceptions and prejudices can be progressively modified and discarded. If the supervisor is professionally skillful in the efforts outlined above, the caseworker will, through and as a result of them, be enabled to develop his own professional security and more or less rapidly to abandon prejudices.

But this is not enough, and it is in the next step that maximum demands are imposed on the supervisor: with increased professional security the caseworker should develop, with the supervisor's help, an ever greater capacity to use supervision as a growth-promoting experience to the end that consultation, rather than supervision in the educational sense, may be required.

Consultation

The supervisor's consultative relationship with the professionally secure, experienced caseworker implies that supervisor and caseworker have achieved a readiness "to advise with" or "take counsel with" each other.[1] Consultation will be sought by the caseworker on those situations that call for discussion for the purpose of clarifying the ideas, thinking, and reactions of the caseworker. The caseworker will have incorporated experience sufficient, both in depth and breadth, to enable him to work effectively with the majority of clients. He will have achieved enough skill in treatment methods, in recognizing and dealing with transference and countertransference reactions, to be able to provide the necessary help in ways that are most effective with most clients. Thus, the experienced caseworker is able, in the majority of cases, independently to formulate adequate and accurate psychosocial diagnoses, treatment plans and goals, and to modify these as indicated. The supervisor, through the process of consultation, should be able to provide a continuing, growth-promoting experience on such occasions as the following: evaluation of a symptom whose meaning is obscure; of an atypical constellation of emotional and social forces; of movement or its absence which is different in direction or degree from the expected; of an insufficiently understood reaction on the caseworker's part; of different thinking on the part of two skilled caseworkers on a split case.

In short, the consultative function of the supervisor with the experienced caseworker necessitates the use of relationships at a different level and the use of enabling techniques different from the pedagogical, directive ones referred to in the preceding section.

In discharging his consultative function, the supervisor must be fully cognizant of the fact that no person grows and develops at a steady, uniform rate in all areas, and that no two persons develop in identical ways. The supervisor must be skilled in encouraging and enabling the caseworker to begin to use him as a consultant in those areas in which the worker is ready for such help. At the same time the supervisor continues to use the teaching elements of supervision with the same caseworker in other areas of practice.

Concurrently the supervisor has and must continue to have and to accept responsibility for discharging his administrative responsibilities, which cannot be relinquished.

The consultative function of the supervisor demonstrates most clearly the interrelatedness of the three aspects of the job: he must take all educational, consultative, and administrative steps necessary to ensure that the individual client receive the maximum positive help that is possible for him in his present life situation and is consistent with the interests of the agency and the community.

This goal implies that the supervisor is an experienced, knowledgeable caseworker, but not necessarily that he is the most experienced and knowledgeable. It does not imply a hierarchical stratification, with the superior supervisor and the inferior caseworker, but rather a difference in duties and responsibilities. To repeat, it is through the supervisors that the agency seeks to ensure appropriate, meaningful service to all its clients, regardless of the differences among individual practitioners.

Administrative Elements

There are at least six facets of the supervisor's administrative responsibilities which can be identified.[2] These aspects are closely interrelated, however, and can be separated only artificially, in order to describe them.

Implementation: It has been noted above that the supervisor sets the tone and creates the atmosphere for the caseworker's performance. This is true in a limited sense only, for the supervisor operates within a complex of traditions, policies, and procedures which have been developed within the particular agency, and these may impose needless limitations or difficulties for the caseworker in doing his job. Conversely, there may well be other positive and constructive forces within the agency's structure and practices which may be latent or insufficiently operative but which could serve to facilitate the caseworker's performance.

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[1] Mary C. Hester, "Educational Process in Supervision," in Techniques of Student and Staff Supervision, op. cit., pp. 16-25; also in Social Casework, Vol. XXXII, No. 6 (1951), pp. 242-250.

[2] For more detailed discussion of three of these elements, see Sidney J. Berkowitz, "The Administrative Process in Casework Supervision," Techniques of Student and Staff Supervision, op. cit., pp. 25-29; also in Social Casework, Vol. XXXIII, No. 10 (1952), pp. 419-423.

It is the supervisor's responsibility, in the latter case, to see that these forces are activated; and, in the former, to bring the limitations to the attention of the executive and to work toward correcting them. To do this requires initiative, clear-sightedness, and imaginativeness and may call for tenacity and perseverance, to the end that the whole agency provide a setting in which its functions can be carried out effectively.

Integration: The supervisor is responsible for integrating the work of the individual caseworker with that of the agency as a whole. He must continuously evaluate the current abilities, knowledge, and skills of the caseworker together with current agency limitations and areas in need of development, identifying and weighing all these factors in the light of the needs of the total agency clientele and of the abilities and limitations of the other caseworkers. In other words, he must make it possible for the individual caseworker to grow on the job but to do so within the total agency situation in which the other caseworkers are having similar experiences.

The supervisor needs to be alert to the potential value of the caseworker's attempts to use new and different methods of meeting clients' needs, but within agency function and soundly established practice, not tangentially.

Evaluation: The good supervisor makes the evaluation process one that is continuous but provides for periodic formal reviews. The supervisor takes responsibility for carrying out this process but it is only in which the supervisor and caseworker actively participate, coming to a joint agreement at the end of an agreed upon period of time as to the caseworker's growth and development during that period.

Evaluation remains a joint process whether the caseworker is in the first years of practice or has been in practice for many years. Although this is a joint process, the supervisor has exclusive responsibility for the final content of the written report and for recommending to the executive appropriate action with respect to the caseworker's continued employment, classification, and salary.

Participation in Policy-Making: In addition to the supervisor's administrative responsibilities for seeing that the work of the individual caseworker is integrated with that of the entire staff, he also has a broader obligation toward the agency as a whole. He must draw on his day-to-day experiences with his supervisees and with other agencies, and relate his distillations of these to the agency's current situation and indicated future needs. He then is in a position to present his thinking, ideas, and conclusions to the executive and to the board of directors, directly if appropriate or through the responsible board committee or other proper channels.

The supervisor participates in discussion and consideration of his own and others' suggestions, to help te executive and board keep their decisions related to clients' needs and to current professional practice.

Promotion of Inter-Agency Relationships: Whether he wills it or not, the supervisor presents and represents the agency's philosophy, policy, and practice in his contacts with other agencies. These contacts may be informal or planned, in individual or group conferences or inter-agency committees, but in each case the supervisor discharges an administrative responsibility of which he must be consciously aware.

The effects of the ways in which that responsibility is discharged are many--some are subtle, intangible, and cannot immediately be measured, while others are patent. In either case they are real and can lead to changes in, or clarification of, agency policy and practice.

Assessment of Community Needs: Through reading case records, through supervisory conferences, through the process of acting for the caseworker when necessary in emergency situations, and through numerous community contacts, the supervisor learns of latent and expressed community needs and of developments and trends which should be translated into agency activity of some kind or other. In reporting these experiences to the executive and discussing their meanings and implications, the supervisor performs another vital administrative function.

It is obvious that the supervisor represents the agency in his community contacts just as he does in his relations with other agencies, and it is imperative for him to be fully conscious and thoroughly cognizant of the content, implications, and effects of these contacts.

Conclusion

There remains one final comment. To emphasize or concentrate consistently on one aspect is to distort the performance of the supervisory job. It is obligatory for the supervisor to synthesize all aspects of the job, to keep them all in proper balance, recognizing that each element will vary in its importance with differing circumstances.

MODULE V

MODELS, METHODS, AND TOOLS FOR SUPERVISION

SCOPE

This module focuses on the models, methods, and tools for supervision. It includes discussions and exercises that illustrate the form and processes in:

- Dyadic/Tutorial Supervision
- Group/Tutorial Supervision
- Peer Supervision
- Tandem Supervision
- Consultation As Supervision
- Tools for Supervision

OBJECTIVES

Upon completion of this module, participants will be able to:

- List at least three methods through which a supervisor receives information needed to perform the work of supervision.
- Identify two factors that influence/determine a supervisor's choice of the kinds of tools and strategies to be used for supervision. Orally describe how each factor influences this choice.
- Name one model of supervision and write down two reasons why an agency would choose to operate within this model.
- Identify, in writing, four tools for supervision and state the aspects of supervision for which each is most appropriate.

LEARNING ACTIVITIES

- Lecturette - "Differential Supervision" (30-35 minutes)
- Small group activity - "Brainstorming Models of Supervision" (40 minutes)
- Lecturette - "Methods of Supervision" (30-40 minutes)
- Lecturette - "Tools for Supervision" (20-25 minutes)
- Exercise - "The Tool Kit" (25-35 minutes)

RECORD WRITING FOR PURPOSES OF SUPERVISION

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How should a record be written, if one of its primary purposes is to facilitate supervision?

Case records can serve many purposes. An important one is the compilation, in convenient form, of factual data required for such purposes as reference, reporting and research. The purpose which case records serve perhaps most frequently and regularly, however, is supervision. In most agencies, records are meant to be read by supervisors.[1] They are prepared at great cost, time and energy in the belief that they will make it possible for the supervisor to understand what is going on in a case at any given time, so that he can help the worker improve the quality of service. The record provides a comprehensive view of the case; it gives perspective in depth. If psychological and social causes of the clients's difficulty, steps hitherto taken, treatment plans, and especially the nature of the relationship between client and worker are set forth in the case record, the supervisor's essential function and purpose will be facilitated.

Many supervisors do not find it necessary to refer constantly to the record. Some even prefer to respond spontaneously to the worker's spoken account of his contact with the client. On the assumption that one supervises the worker rather than the case, some hold that if the supervisor knows his worker well enough, it is not necessary to see what he has written about his case in order to be of help to him. But is the question what is necessary, or is it what is desirable? Certain types of social service records can be kept on IBM cards. Certainly the voluminous chronological or process record has been found to be both unnecessary and inefficient. However, this does not mean that all records should be kept on IBM cards or that the conventional case record has no value. The immediate question is how a record might be prepared to serve as a genuine tool in supervision.

I do not want to dismiss the contention that good supervision can take place without records. There is no doubt that it can. Is not the essential question, however, whether better supervision can follow when the worker has prepared the right kind of record and the supervisor has utilized it fully in preparing for the supervisory conference? An additional question, inherent in this last one, is: What is the right kind of record from a supervisory standpoint, and how does the supervisor use it in preparing for conferences?

Let us turn therefore to the two latter questions: What kind of record is most useful for the supervisor and how does he go about using it? What does the supervisor need to find in it in order to be most helpful to the worker?

Content of Supervisory Conference

Looking at the content of good supervisory conferences, one finds two principal foci of discussion—the client and the worker. The worker's relationship to the supervisor may require occasional discussion and "working through" but need not be the focus of sustained discussion. Through his relationship with the supervisor, the student or beginning worker must come to terms with feelings about being supervised, and learn about a help-taking relationship. Once this learning has taken place, it is not necessary to dwell on it.

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[1] In their extremely interesting volume, An Assessment of Social Case Recording, (FSAA, 1958) John Frings, Ruth Kratovil and Bernice Polemis state: "Almost all workers agreed, and with feeling, that the use of records in supervision was the core of most of the problems cited. Whatever other purposes or uses the record had, to almost all workers except the most experienced, its primary purpose was as a learning device in supervision." (p.23) The authors of this volume report on three different systems of recording developed in connection with a study they carried out in two family agencies.

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Conferences from then on consist largely of discussion of the personality of the client and how it expresses itself in a social situation, together with the specific understanding, skill or blocking of the worker. The supervisory conference is meant to facilitate both the worker's diagnostic understanding of the client and his understanding of the interaction within a total interpersonal situation which includes the worker. This calls for self-understanding.

The worker should leave the supervisory conference with a picture in his mind of the client with his personal attributes and himself with his professional discipline brought into action. He should not be the mere passive recipient of whatever the client will present, but should have some conception of what his next steps will be and why. If he is to participate purposively, he must have a distinct understanding of the client and some clear-cut conception of what he wants to do--or must refrain from doing--for him.

In order to develop such an action picture, the worker must bring to bear all of his own diagnostic understanding, which he will integrate, through discussion, with whatever the supervisor might contribute. Usually the worker sees the situation in parts, and the supervisor helps him to see it as a whole.

As the parts are fitted together, the worker becomes award of any missing pieces and can proceed to get them.

Value of the Diagnostic Record

Now let us consider what record writing has to do with all of this. How should the record be written to provide the kind of material that is needed for the supervisory conference, if the worker is to go away with a comprehensive picture and an awareness of what he still needs to know about the client or his social situation? I believe such a purpose can best be served by the diagnostic record, in which the worker sets forth his thinking about the case. Factual material is included, as well as the main thread of the helping process. But the record is not primarily descriptive. It is the clearest possible statement of the worker's thoughts about the case, the personalities in it, and what he thinks he ought to do either to know them better or to act on their behalf. Recording of this character may be thought of as subjective rather than objective. It is not an attempt to present all the events in the life of the client or to set forth proven facts, but rather to indicate what the worker thinks about what the client has presented as events or facts in his life, and what judgments of the client he has made definitely or tentatively; in short, how he sees the client and his situation.

When a supervisor knows how the worker sees the client, he is then in a position to amplify and elaborate, or to help the worker change his picture if there is any reason to think it erroneous. A women worker records, for example, that she feels the client, a man, identifies her with his wife and therfore expects little understanding from her. The supervisor, observing that the man appears to be fearful of being treated by anyone, male or female, wonders whether he might be fearful of being too much understood, rather than not at all. The worker responds to this idea, and goes into the next interview prepared to see the client's "resistance" in a new light.

Could the supervisor have had this insight without the worker's written presentation of her thinking? Undoubtedly, under certain circumstances, the supervisor might have seen this important factor in the development of the case if the presentation was oral and the supervisor responded extemporaneously. With the recorded material, however, the supervisor has an opportunity to see the whole situation, which is present in the record but not usually in an oral presentation of an interview. Partial or separate incidents and partial understanding on the worker's part are examined in the light of the fuller picture which the record affords.

Some of the best supervisory conferences are based not on a simple isolated interview, but on the interview in context that is, as one of a series. The supervisor reads the worker's account of a series of interviews and sees what is repetitive in such an account, what is moving and changing, how much and what type of thinking the worker appears to be doing, whether the worker seems blocked in his understanding of a personality characteristic or some aspect of the client's reaction to the help-taking situation. The supervisor can then make his own observation on the basis of the recorded material, or perhaps pose a stimulating question which allows the worker to see the situation in a fuller and clearer, if not a different, light. This is the essence of good supervision.

Comparison of Types of Recording

It seems pertinent now to examine the recording of an interview written first in a concise but descriptive way, and then rewritten according to a diagnostic or subjective principle, to see which type of recording best serves the purposes of supervision.

Descriptive Recording

(First interview following the application in a child guidance service.)

In response to my factual explanation of individual counseling, Mrs. Bartley said she thought after speaking with the intake worker that perhaps she was too disturbed to be a part of a group, and that we might have decided to see her individually for this reason. She is functioning better in relation to Linda on her own, but feels that there would be greater improvement with help.

In response to a question about her younger daughter, Joan, she said that Joan was different from Linda. She was a fighter and was able to stand up for herself. Linda was more like herself--shy and lacking in selfconfidence. She thought she ought to spend some time with Linda alone because when she takes them both out Joan takes over. In discussing how she could work out such a plan, she talked as if she had to ask Joan permission. When I pointed this out to her and said mothers had the right to make such decisions she talked about her lack of decisiveness--her grasping at rules that worked for other people and seemed good on the surface. She starts out very enthusiastically to put these "rules" into effect but after a while she either forgets about them or finds them unsuitable for her family.

She decided to take an examination for the position of teacher-clerk, since she has all the requirements and they can use the money. However, this is not the kind of work she would like to do. Everyone thinks this is a good job for a mother because of the hours, etc., and she feels she should take it. She really would like to be a librarian and she spoke with a great deal of feeling about why she would like this kind of work and her suitability for it. Right now, though, she is going to take the clerk's exam just to prove to herself that she can complete something that she has started.

Mrs. Bartley mentioned that the intake worker had told Mr. Bartley about the possibility of getting help for himself. He has not done anything about it as yet because even though he knows he needs it, he does not seem to be able to start. Instead he has become involved in going into business for himself again. When he is planning something like this he is less moody and depressed and consequently easier to live with. He will be glad to come to see me to talk about his part in Linda's problem.

Mrs. Bartley said that she had always thought of herself as a soft-spoken person but evidently this isn't really so since both her children always ask her why she scolds so much. In talking to her husband about this, he said that she really didn't scold but pleaded.

Diagnostic Recording

Mrs. Bartley's self-doubt and indecisiveness, (which I didn't like particularly) came out today in

1. A comment that she felt she might have been chosen for individual counseling instead of group counseling because she might be "too disturbed."

2. In discussion of an exam she plans to take for the job of teacher-clerk to prove she can complete something she started, although she really would like to be a librarian.

3. In a comment that she always thought of herself as soft-spoken but perhaps she isn't since the children accuse her of "scolding." Her husband says she doesn't scold but instead "pleads."

4. She tries to follow "rules" that work for other people, but after an initial enthusiasm she forgets them or finds they are unsuitable for her family.

Her identification with Linda came out in her comment that Linda is more like herself--lacking in self-confidence. Joan, who is a fighter, is no problem. She would like to spend more time alone with Linda but feels she must ask Joan's permission.

Mr. Bartley's present doubt about help for himself is indicated by the fact that he has not followed up on our referral to a clinic. He is planning instead to go into business for himself. Mrs. Bartley finds him less moody and depressed. He has indicated his willingness to participate in treatment for Linda.

Following the interview, I had questions as to whether Linda is really as her mother pictures her, i.e., so much like herself. Perhaps Mrs. Bartley just needs to see her in that light. In any case, I think this should be explored.

The diagnostic recording of this interview is considerably shorter than the descriptive, and therefore more economical. However, does such recording make for better supervision? It should be noted, first of all, that the worker inevitably does some "supervising" himself when he records diagnostically. He must think through what he wants to say and why he wants to say it. As a result of having clarified and put in order his own picture of the client and his situation, the worker will have some conception of what is lacking in the picture. In the above recording, for example, the worker is left with a question as to whether Linda is really the type of child her mother pictures her to be. The worker must now find out whether she is or not; such inquiry is sparked by the worker's awareness that this part of the picture is still incomplete.

The worker's diagnostic thinking in such an instance requires testing and substantiation. The supervisor can assist when he understands the case as a whole; that is, when he can read such an interview against the background of the preceding ones. The supervisor should see the situation in the light of past, present and future. He must bear in mind the beginning of the case and how the problem situation appeared at that point to client and worker. He should be interested in the genesis of the difficulty, as well as the way the client sees it now and what he is trying to do about it. He should evaluate the success or failure of the client's attempt at adjustment and assess potentialities for future adaptation. This he does with the worker and on the basis of the materials provided by him.

If such materials are oriented to this diagnostic function, they will facilitate it. If, on the other hand, they are nothing more than a generally felt need to write a record of some sort, which may or may not be read or used by a supervisor, then they will generally appear in mixed and confused form and will have little value for anyone, including the worker.

The Dynamic Aspect

Diagnostic recording is also dynamic recording. By this I mean that it is not a simple recitation of what happend, but rather an effort made by the worker in the very process of recording to understand the psychodynamcis of the case. The worker does as much as he can, by himself, as he dictates the record. He attempts to think through what is happening--whether the client is moving or not, and why. What has he, as a worker, contributed to the client's movement? What significant questions has he raised, what challenge has he put into the contact? What has he given the client in the way of acceptance or understanding? Has he allowed the client to express fully what is troubling him or has he cut him off? Has he encouraged a tentative or experimental approach to the solution of the problem, or has he provided some kind of definite and final answer? Has he communicated to the client his wish to understand rather than an assumption that he does understand?

All of these questions should be present in the worker's mind as he dictates an interview or a series of them. He will then almost inevitably reflect them in his dictation, thus giving the supervisor an opportunity to discuss these important dynamic aspects of the case. The diagnostic orientation in recording is concerned with questions of what has happened in the progress of the case, what is happening, and what is likely to happen. One tries to diagnose or "see through" not just the personality characteristics of the client but also what the worker himself has done or has failed to do, what he would like to do, and what he thinks he ought to do. The worker who is truly skillful in recording will not try to escape the responsibility for setting forth his thinking and feeling about the case and about himself in it. For he knows that this will give him and the supervisor an opportunity to examine his part in the case and to contribute to its modification or development.

Understandably, workers may not like interference with their activities or examination of their thoughts or feelings. However, the truly disciplined worker not only has overcome his natural resistance to the influence of another, but he actively seeks this help. In providng the supervisor with what he needs, the worker seeks to enlarge the scope of his own understanding.

Such recording presupposes trust in the supervisor which renders revelation of one's own thought and feeling a non-threatening prospect. It also presupposes that the worker will be objective enough, and introspective enough, to be able to distinguish the client's thought or feeling from his own, and therefore to present each as distinct from the other. Trust in the supervisor is encouraged, I think, when the worker has the opportunity to see that the supervisor uses the questions raised by him, or the doubts or feelings of identification or dislike expressed, only to help him enlarge his perspective and to open up new vistas for him.

It is often asked whether such recording is not time consuming. Even though it is compact, does not the worker need a good deal of time to think through what he is going to say, before he says it? The only truthful answer to this is yes. It does indeed take time to order one's facts, to think through their significance, to state clearly and concisely what

questions one has about them, and to decide whether any left-over feeling one has about the client or about one's own performance in a given situation is worth setting down. But is not time spent in this way self-supervision? It is in no sense wasted time. In fact, it often leads to the prevention of useless and purposeless interviewing. True, it is easier to sit down at a recording machine and simply say, pretty much at random, whatever one happens to remember about an interview. But is this not even more costly--especially since someone will have to ferret out of it whatever may be significant in it? Analysis is difficult and time consuming, but there can be no self-supervision nor supervision by another without analysis.

What about documentation in such recording? How does the supervisor know that the worker's opinions are based on evidence or solid fact? The answer, I think, is to be found in the simple requirement that the worker state why he thinks thus and so. In the material cited, for example, it was not difficult to state that the self-doubt and indecisiveness which the worker saw in Mrs. Bartley was based upon four different and specific observations. The observation and the evidence to support it go hand in hand in this recording, and for this reason there is little, if any, problem of documentation. If the evidence were to lead the supervisor to a different conclusion, that in itself might provide the material for significant supervisory discussion.

A question is sometimes raised about the recording of intake interviews fully, so often considered important in a clinical setting, and the memory this requires on the part of the worker. I believe that the same fundamental principles stated above apply in both cases. Full recording of initial contacts is certainly desirable, and if a formal history is prepared, it should be as detailed as possible. This does not negate the necessity or the desirability, however, of orderliness, purposiveness and conciseness. If such material is dictated without prior thought, it can only be a voluminous mass of words from which the supervisor must extract what he thinks the worker was trying to say. The fear of self-revelation can often be hidden in supposedly objective and voluminous descriptive recording. Such recording is likely to have little supervisory value.

The Administrator's Role

A word must be said about the role of administration in bringing about diagnostic and subjective recording in an agency. In recent years, most administrators have been interested in reducing the volume of recording for reasons of economy and because they question its value. Some agencies have found that the money spent on two pages of unnecessary recording could provide an additional interview for a client who needs it; most people would agree that if such recording serves no real purpose, the money saved should go into direct service to the client. However, criticism of older ways of recording is not enough. New methods must be introduced, and administrative leadership must go into their development. It is my belief, as an administrator who has worked on the problem for a number of years, that a proper method of recording can be devised only when the essential purpose of the record is fully understood. Records have a different purpose in different types of agency setting, but the supervisory purpose is common to most agencies. For this reason, it seems to me extremely important that methods of recording be devised to serve the purposes of supervision.

A worker should learn something through every bit of recording that he does. He should learn through his own experience in ordering his thought and in setting it forth with what might be called an attitude of scientific selfcriticism, and he should learn from his supervisor's reactions or contribution based upon the recorded material.

In summary, one of the primary purposes of the case record is to serve as a medium for supervision. As such, the record should take a distinct form, based upon its supervisory purpose. It should set forth, as concisely as possible, and in analytical rather than descriptive, chronological or process form, whatever the worker can abstract from an interview. It should include any reflections which have a diagnostic importance, substantiated if possible by factual data, and it should be frankly revealing of the worker's feelings about the case. When it has these characteristics, the time, energy and money which go into the case record will be well spent, since it will serve genuine teaching and learning purposes which cannot be achieved as well in any other way.

RESOLVING TREATMENT CRISES THROUGH PEER CONSULTATION

Martha Becker and Cynthia Himmelfarb

Martha Becker is a clinical social worker and Cynthia Himmelfarb is coordinator of clinical services, Jewish Family and Child Service, Seattle, Washington.

A new format involves client and therapist in a dynamic manner, at a time when both realize they have reached an impasse in the treatment process.

Consultation has long been recognized as an element of a total service approach in clinical social work practice. It reflects the therapist's concern for the welfare of the client as well as the recognition of the practitioner's own limitations. In general, caseworkers seek consultation as a result of focusing on a crisis perceived in the client. The authors suggest, however, that another crisis frequently exists which is often neither directly identified nor dealt with, namely, a crisis in the treatment process itself. Process implies interaction between therapist and client and as such reflects as much crisis for the therapist as it does for the client. "Crisis" is defined as "a stage in a sequence of events at which the trend of all future events, expecially for better or for worse, is determined; turning point." The distinction between the more familiar client oriented crises and the crisis for both client and therapist, as suggested in the above definition, needs to be borne in mind. The latter crisis can occur whenever there is a turning point in treatment.

Historically, social work has looked to the medical profession for the classical consultation model in which the patient is referred by Dr. A to Dr. B. After examining the patient, Dr. B reports his findings and recommendations to Dr. A, who then discusses these findings with the patient. Sometimes the patient is not directly referred to Dr. B and in such a case, Dr. A seeks out Dr. B for evaluation, often without direct patient contact, knowledge, or even permission. A variation of this procedure may also include the classical clinical conference or case presentation. Occasionally, two doctors or a clinical staff may jointly examine a patient. In this latter situation, while some findings are directly shared with the patient, the bulk of case analysis is undertaken without the patient present. Medical social workers have also shared in the procedure of ward rounds in hospital settings for both educational and consultative purposes.

In the course of the authors' clinical practice at Jewish Family and Child Service of Seattle, they experienced a variety of limitations to these traditional models. For example, in working with referrals to clinical psycologists, psychiatrists, and other medical specialists, they found that clients were very often both anxious and frustrated when reports were sent directly to them. The usual methods of consultation have the common limitation of filtering through the practitioner's perceptions and biases. For the client, the process is generally a passive one which runs counter to the principle of greater involvement and responsibility for the conduct of one's own treatment.

The authors were stimulated by an article dealing with an atypical solution to this problem in which clincial psychology reports were written in a manner to be shared directly with the patient.[1] As they became increasingly committed to the concepts of shared responsibility in treatment and honesty between therapist and client, they began to study newer models of therapy and consultation, deviating from the medical model in which the doctor prescribes and the patient responds. Treatment thus emerges not as something done to, but as something done with, the client.[2] The consultation pattern which arises from this mode of practice involves the client and the therapist in a dynamic manner, at a time of crisis for both. The crisis is manifested as an impasse in the treatment process itself. After an initial trial and error period, the authors developed a format for consultation which incorporated some of the newer concepts regarding consultation.

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[1] Brenda D. Townes, Nathaniel N. Wagner, Adolph E. Christ, Therapeutic Use of Psychological Reports, Journal of the American Academy of Child Psychiatry, 4:691-99 (October 1967).

[2] Harris Chaiklin, Honesty in Casework Treatment, Social Welfare Forum, 1973. (New York: Columbia University Press, 1973), pp. 265-74.

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Consultation Design

The authors wish to make clear that in discussing this consultation design, they are addressing themselves to experienced therapists who desire to continue to improve their skills, and who wish to give the highest possible quality of service. Of necessity, the consultation design involves the therapist's awareness of the impasse. It becomes clear to the therapist that the flow of treatment has become blocked. Among the social work profession's most significant contributions to the mental health field, as a reading of any standard text on social casework will affirm, is an adherence to the principle of self-awareness. The therapist must recognize not only an impasse in treatment, but also her own motivations, feelings, and so forth, as they affect treatment. Consistent with competent therapy, the therapist checks out and eliminates such elements as the possibility of client resistance, a countertransference problem, reality based problems like client illness, and competing schedules. The block still remains. The crisis will be experienced by different therapists with varying degrees of intensity. Nevertheless, it is a "turning point" for the future course of treatment. Because the possibility of a variety of causative facts exists, it is necessary to identify the exact nature of the impasse in order to deal with it appropriately. In an effort to minimize the effect of the therapist's filtering process, a design was developed which allows the consultant direct observation and participation in the diagnostic process.

First, of strategic importance is the choice of a consultant. Both therapist and consultant need to be spontaneous, open to innovative techniques, lacking in defensiveness, and, of course, competent clinicians. Of nearly equivalent importance, of course, is an agency structure that will permit this variation in practice. One of the most appealing features of an agency based practice is the opportunity for continued professional growth through peer consultation. The authors have made a concerted effort to maximize this potential in their own practice.

The design is disarmingly simple. The therapist identifies the impasse and then shares the awareness with the client. (On several occasions, the client was first to verbalize the impasse.) If the client confirms his or her own similar perception, the therapist recommends consultation. If the client concurs, the therapist takes the responsibility for making the necessary arrangements with the consultant.

Arrangements for time and place of the meeting within one week or less are made. Because of the crisis aspect, the negotiation process for the consultation session is no small task. Timing of the intervention, as in all crisis treatment, is crucial. The therapist's office is the preferred location for the three-way consultation because it reinforces the continuing nature of the therapist-client interaction. The consultant is only a temporary contact. The authors have found in their use of this technique that a strategy planning conference is desirable prior to the actual consultation. This conference aids in sharpening the focus and making better use of the time spent with the client. It also helps to highlight dynamics of the interaction between client and therapist and possible countertransference phenomena. Further, a strategy planning conference enables the consultant to learn what has been tried before to overcome the treatment impasse. Because the conference is related specifically to the impasse, one-half hour has been found to be adequate. In the authors' practice, the consultation itself has been accomplished within one hour.

The format adopted for consultation hour is one in which the therapist requests the client to begin by briefly summarizing the present impasse. The therapist may add additional data. The consultant requests information and clarification where necessary. In the event that the client begins to relate to the consultant as cotherapist by offering details of history inappropriate to the planned consultation, the therapist takes responsibility for refocusing on the main theme of the impasse. The consultant takes responsibility for eliciting history as it relates to specifics of the crisis in treatment. The consultant then gives immediate feedback on his or her perceptions and impressions of the impasse, its causation, and its possible resolution (for example, a new focus, termination, transfer to another therapist, or another treatment modality) In the author's experience, this feedback process can be accomplished in a matter of minutes and the consultation is brought to a close.

The design is consistent with crisis intervention concepts and practice in that the crisis is promptly identified, resources located, alternatives clarified, and resolution begun in a short period of time.[1] The design is also consistent with a treatment modality which stresses the mutual responsibility of client and therapist for progress in treatment.

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[1] Lydia Rapport, The State of Crisis: Some Theoretical Consideration, in Crisis Intervention: Selected Readings, ed. Howard J. Parad (New York: Family Service Association of America, 1965), pp. 22-31.

Case Illustrations

The following case illustrations reveal several impasses in treatment that were resolved through consultation.

Cathy:

Cathy, age nineteen, had been in treatment for one year. For some time she and the therapist had been working on Cathy's problem of separation from and ambivalence toward her mother and had made significant progress. The plateau reached in the treatment process was related to Cathy's apparent continued clinging to her rejecting mother. Despite the insights she had gained, it seemed that Cathy could not let go. Attempts at uncovering the reasons for her continued clinging led only to increased bewilderment and eventually to defeat for both client and therapist. Unwilling to accept a simplistic explanation of "client resistance," the therapist chose to explore possible missed diagnostic clues and suggested consultation to Cathy, who readily agreed.

Through the consultation conference, it became clear that not only was Cathy dependent upon her mother, but also that her mother needed Cathy. Because of the intensity and depth of the work that had been done on the reality of her ambivalence and her separation anxiety, both Cathy and the therapist had been "set" to continue to explore Cathy's perception of clinging. What the consultant saw was the mother's inability to let go, and her continued efforts to bind and imprison her daughter. Cathy's rage stemmed from being imprisoned and bound, her anger was appropriate and not demonstrative of unresolved dependency.

Articulation of this observation brought immediate recognition and relief for client and therapist. Therapist, client, and consultant all agreed that the goal of breaking the impasse had been achieved and the consultant withdrew. A new direction for treatment was identified. Cathy could now focus on ways to cope with her mother's inability to separate from her. The impact of introducing a third party to the crisis situation in treatment which brings about new perceptions, as it did with Cathy, can also facilitate selfawareness through a "here and now" Gestalt experience, as illustrated in the case of Trudy.

Trudy:

Trudy, aged thirty-two, came to treatment with a long history of chronic despressions, suicide attempts, several hospitalizations, and outpatient treatment experiences.

She had been seen in outpatient treatment irregularly for one and one-half years by her current therapist and demonstrated marked relief from earlier depressive symptoms. She maintained a steady job and was able to make a decision to divorce her alcoholic husband who had consistently refused to engage in ongoing treatment efforts.

In the midst of what appeared to be progress, Trudy experienced the sudden return of feelings of intense helplessness, loss of hope, and suicidal thoughts. Traditional methods to relieve the depression and to motivate continued growth, including consultation with the psychiatrist who was monitoring her medication, proved ineffectual. As a last resort, the psychiatrist offerd hospitalization to ward off any additional suicide attempts.

In light of Trudy's continuing ability to maintain job performance despite her depression, and the reality of the difficulty in securing employment after one more hospitalization, the therapist could not concur with the psychiatrist's recommendation. Offering this opinion to Trudy was therapeutic in that it validated her potential for coping. She, too, rejected hospitalization in favor of continued outpatient work and agreed to consultation. Both therapist and consultant were familiar with the practice of Gestalt therapy and were comfortable with using certain techniques selectively. It seemed appropriate to both to try such techniques to break through Trudy's lack of joy and flat affect, both of which, in the consultation interview, served to block verbal interaction.

In an attempt to relax Trudy and to enable her to experience an early unthreatening form of pleasure, she was instructed to fantasize taking a long, warm bath. The results were striking. Dull affect changed to visible terror. The therapist described what she was seeing and asked Trudy for some feedback. Trudy began to loosen facial and shoulder tension and agreed that she was scared at the thought of touching her body and experiencing pleasure. Together, the therapist and Trudy clarified that Trudy felt safest when she anesthetized her body from the neck down. Trudy recognized that she had associated continued growth with the awareness and enjoyment of her own sexuality. She was unable to allow herself this enjoyment, and therefore, was blocking further growth. The experience of the consultation highlighted the dynamics of Trudy's denial and its central impact in her treatment, thus enabling both Trudy and the therapist to refocus and move beyond the impasse.

While in these two situations, the consultation process served to enable the therapist to evaluate and monitor her work with a client, the case of Karen addresses the specific need of the therapist to confirm her diagnostic and treatment findings.

Karen:

Karen, aged thirty-one, came to treatment presenting problems of anxiety and unemployment. She sought help in "making decisions regarding her life and a job." She was initially seen as acutely anxious and immobilized with much unrecognized anger stemming from unresolved parent/child conflicts.

During five interview hours, the therapist grew increasingly frustrated by her inability to find a common ground to work effectively with Karen. She felt she was getting contradictory messages from Karen. By continuing to keep appointments, Karen seemed to be asking for help. By her consistent refusal to involve herself in the treatment beyond attendance, Karen seemed to be saying the therapist's methods were not meeting her needs.

In this example, the therapist enunciated her own impasse. She recommended consultation to Karen for the purpose of identifying obstacles to the formulation of a treatment plan. Karen passively agreed. She did not, however, involve herself in the consultation process and avoided all efforts to engage her beyond supplying answers to direct questions. She adopted a stance of "I'm the patient; you're the experts, and you tell me what is wrong."

In the earlier examples, a review of history with the consultant, elicited overlooked information central to the treatment impasse. In this situation, Karen's passive interaction patterns with the consultant, as well as with the therapist, proved to be the major focus and the prime factor in the impasse. The consultant was impressed with the extreme anxiety Karen experienced whenever an attempt was made to encourage her to take responsibility for herself. Like the therapist, the consultant was also unable to move beyond this point. The impasse had become clarified. There was nothing more the therapist could do. The next step had to be Karen's. Accordingly, the therapist told Karen that treatment could not continue at the agency unless she was at minimum able to ask for another appointment. Karen was unwilling or unable to make any kind of statement about what she wanted, even the simplest declaration of wanting or not wanting another appointment. Thus, treatment was discontinued.

The treatment impasse was related to Karen's present inaccessibility for outpatient treatment available in the agency. The consultant's similar experience with Karen helped the therapist to deal with her own doubts regarding her handling of this case.

The case of Barbara demonstrates one of the most potent aspects of this consultation technique, that of modeling.

Barbara:

Barbara, aged twenty-six, a teacher, was bright, perceptive, and an over-achiever. She had flirted with treatment. She was a master of "brinkmanship," periodically coming close to revealing herself, asking for help, and then retreating.

The therapist shared her concerns with Barbara regarding their inability to get beyond the "in-again-out-again" pattern of treatment and recommended calling in a consultant. Barbara revealed some doubt and fear, but she reacted positively to the therapist's caring and desire to resolve the recurrent treatment impasse and agreed to the consultation.

Barbara was awed by the "spectacle" of the therapist's revealing her own quandary, and risking vulnerability by asking for help from a third party. Moreover, the consultant's response revealed no loss of status for the therapist as a result of this self disclosure. The consultation process enabled Barbara to participate and to reveal that her "ins and outs" in treatment were related to the embarrassment she felt when faced with the recognition of her occasional dependency needs which she saw as personal "fallibility." As long as she felt that to be dependent was discrediting, she could not allow herself to ask for help. Through modeling the therapist's "fallible" behavior and seeing the consultation process as supportive rather than threatening, Barbara was able to seek help in resolving her ambivalence surrounding a significant life decision. At this point, the consultant withdrew and Barbara and the therapist could focus on the problem.

THE PROBLEM-ORIENTED LOG IN SOCIAL CASEWORK

by

George C. Burrill

During the past ten years the social work profession has experienced a growing concern over its own accountability, effectiveness, and excellence.[1] The step between concern and practice, however, has been a difficult one, and too often this concern has resulted in little more than rhetoric. The author believes that the development of an instrument like the Problem-Oriented Record will provide a means for obtaining answers to questions of accountability and effectiveness and will actually bring about significant results.

The Problem-Oriented Record - or Problem-Oriented Log (POL), as the author calls it - was originally devised by Weed to reform the cumbersome and impractical medical records.[2] Just as it gave an objective account of a physician's performance, it can be used in a training program for caseworkers to help them focus more clearly on specific problems and to discuss problems with clients more openly than they had before.

Similarly, agency supervisors have found that the log provides a reliable format for improved casework accountability in that it helps workers redefine their goals and objectives in terms of their own predefined standards. As Rosenberg and Brody state:

> New social services that incorporate accountability must be designed to accomplish the following: (1) explication and definition of long range goals, (2) specifications of objectives to be put into operation, and (3) development of feedback mechanisms that permit the assessment of outcomes.[3]

As a feedback mechanism, POL can be used to measure effectiveness and effeciency.

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The format of each individual client's log is a specified one. The data base is a collection of information about the client that the caseworker considers relevant and vital. Although its use forces a systematic rather than a random collection of data, the format and type of data gathered by a caseworker may be altered within the framework. The choice of data and the fact that the information is set down clearly on paper make the personal preferences and values of the caseworker more explicit. The data that are entered into the log - or the indication of the type of information available and where it can be found - fall under six general headings: (1) income maintenance service records, (2) statistics, (3) referrals, (4) personal observations by caseworker, (5) information volunteered by client, and (6) other.

FORMAT

A problem focus list is constructed from a review of all information in the data base. Key problems that the caseworkers and the client have agreed they should focus on are identified and recorded in order of priority. The process of defining and analyzing a problem critically usually results in an improved understanding of the problem for both the caseworker and the client and a greater ability to set long and short-term objectives.

An initial plan of action is devised for each problem listed in the foregoing step. Plans should include all important actions to be taken by caseworker and client.

The fourth step, progress notes, constitutes the working part of the log. Notes are kept on each problem defined in the problem focus list and form a record of progress, impact, or resolution. Notes are entered under four general categories:

- Subjective data - all important events, information, and data that are of a subjective nature. Whenever possible, data are entered under the subheadings: client response, caseworker response, and resource response.

- Objective data - all important objective data in the problem area. Notes should include any overt action taken by an individual that affects the problem area. Again, whenever possible, data are entered under the subheadings: client response, caseworker response, and resource response.

- Interpretation and assessment - includes all statements by the caseworker as to why a specific plan of action is working or not working. It should also include the opinions of anyone else who is important to the resolution of the problem.

- Immediate plans - concise statements about activities of the caseworker or client that relate to the problem area.

A constant updating of progress notes is the key to any long-term benefit that the client or caseworker can obtain from POL. The quality of casework service can be further improved by periodic meetings with caseworker, client, and agency supervisor. Initial sessions often consist of such questions as:

Is the data base accurate and complete? Does the problem list correlate with the data? Are the plans detailed and reasonable? Were plans followed through and responsibilities fulfilled? As in any complex situation, problems are related; action in one problem area will affect others. An audit of the log can help establish and clarify the interrelationships of problems that are sometimes obscure or unclear.

A composite example of POL compiled by several caseworker aides will illustrate how the log can be used in casework training. For the purpose of this article, of course, the progress notes have been substantially shortened.

Problem 1. Find alternative means by which client can obtain a high school diploma.

Problem 2. Client has no marketable skills in job areas that interest her.

The plan for these problems might contain the following strategies:

Problem 1

(a) Survey all institutions and programs in the geographic area that provide high school courses.

(b) Set up appointments for client with institutions and programs.

(c) When client is accepted at a desirable institution or program, see that she starts the program.

Problem 2

(a) Survey possible job opportunities using areas of skill (secretarial or child care) in which the client has expressed interest.

(b) Obtain interviews for the client.

(c) Obtain job for the client.

By the way he has set forth the plan in the Problem-Oriented Log, the caseworker shows that he has failed to identify the client's problems. Problem 1 in the focus list is actually stated as an objective rather than as a problem. If the problem the caseworker was attempting to address were known, it is possible that the objective would not be desirable.

Under the plan for Problem 2, the caseworker does not indicate what counseling, training, or orientation might help prepare the client for the job interview or for future responsiblities. By referring to the data base, one notes that the client is 17 years old, has had no previous job experience, and has almost no marketable skills. The plan is not only simplistic, but the caseworker apparently does not understand some basic problems inherent in the case.

PROGRESS NOTES

The progress notes recorded for Problem 2 substantiate this criticism.

> Subjective data - client response: 3/25/74 Client filled out application forms and expressed enthusiasm for the job. However, she feels that because her mother needs her at home she should only work part time.
>
> Objective data - resource response: 4/1/74 Client and I met with the director of Y agency, and he explained the job's responsibilities. Client said she would like to work there, and it was agreed she would begin the following Monday. 4/22/74 Director telephoned me to say that the client had worked two days and not returned since.
>
> Subjective data - resource response: 4/22/74 Director feels that because of external pressures on the agency, the working climate is not satisfactory for integrating client into the job.
>
> Assessment - I think the client needs more help and supervision in accepting responsibility. At this time, it would be better to find client a more settled place to work.
>
> Immediate plans - Find job concerned with child care.
>
> Objective data - case worker response: 5/9/74 Interview secured for the client at Z Day Care Center. 5/10/74 I visited client to find out if she had gone for the interview. She said she had not been feeling well but would go soon. Resource response: 5/20/74 Center Director telephoned me and said he had not seen the client.
>
> Assessment - Client's problem is more than not finding a job. It is a lack of motivation. More contact in addition to more support and direct supervision are necessary. Previous social worker and other persons presently involved with the family feel that the client's mother, with whom she lives, is putting pressure on her to remain at home.
>
> Immediate Plans - Attempt to find client employment away from home town but close enough so that she may commute from her present home.

What are the responsibilities of the caseworker and client in the series of decisions indicated under the caseworker's progress notes? It is apparent that the original plan was simplistic and that the caseworker did not take into account information about the client that was available from the beginning. A meeting often points out critical problems that can and should be addressed by the caseworker, but were not adequately considered until a problem list was drawn up.

For many individuals in the field of professional social work, the necessity of expressing something in writing may present difficulties. For them, using the problem-oriented log will seem punitive or threatening. Nonetheless, this possibility must be faced to achieve new standards of excellence and accountability. POL will in no way inhibit the worker's thought processes. On the contrary, the clarity and focus it provides the caseworker allows him a wider scope for creativeness in solving specific problems. Also, the written record shows exactly how and why decisions were made and can provide an improved understanding of outcomes. Most important, used correctly it can be a useful tool for clarifying and improving the caseworker-client relationship.

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1 See, for example, Joel Fischer, "Is Casework Effective?" Social Work, 18 (January 1973), pp. 5-20; Edward Newman and Jerry Turen: "The Crisis of Accountability," Social Work, 19 (January 1974), pp. 5-16; Scott Briar, "The Current Crisis in Social Casework," in Social Work Practice (New York: Columbia University Press, 1967), pp. 19-33: and Emanuel Trapp, "Expectation, Performance, and Accountability." Social Work, 19 (March 1974), pp. 139-148.

2 Lawrence L. Weed, Medical Records, Medical Education, and Patient Care: The Problem-Oriented Record as a Basic Tool (Cleveland, Ohio: Case Western Reserve University Press, 1969). For further discussion of the Problem-Oriented Log and its use as a recording tool in social work, see Rosalie A. Kane, "Look to the Record," Social Work, 19 (July 1974), pp.412-419; and Wilma M. Martens and Elizabeth Holmstrup, "Problem-Oriented Recording," Social Casework, 55 (November 1974), pp. 554-561.

3 Marvin L. Rosenberg and Ralph Brody, "The Threat or Challenge of Accountability." Social Work, 19 (May 1974), p. 344ff.

SUPERVISION AND CONSULTATION THROUGH OBSERVED INTERVIEWING

by

*Arthur L. Leader**

The social work profession is in a state of ferment that is evidenced by consistent efforts to define and enrich its practice and to refine its teaching methods. In the schools and agencies, education for the improvement of service, whether through classes, seminars, supervision, or consultation, seems to be under more careful scrutiny than ever before. As the profession has matured and its members have become more open and honest about who they are and what they are doing and less defensive and concerned about status and uniqueness of role, an atmosphere has been created that is conducive to experimentation and change.

In the schools, many changes have been made in curriculum programming and methods of teaching. In the agencies, innovations have been brought about in regard to supervision, consultation, and training seminars - all designed to facilitate and enhance service to clients.

An Added Dimension to the Case Record

Many modifications in supervisory practice have taken place since the publication of the Charlotte Babcock and Esther Schour articles in 1953.[1] And although such changes have been welcome and useful, they do not pertain to the case record, the "bible" on which most educational dialogues rest. Even so, the case record and all the problems associated with recording - such as those concerning form, length, frequency, delays, dictation requirements, and worker-supervisor controversies in relation to the worker's perceptions and role - have long been a source of dissatisfaction and frustration. Although the problems have not been resolved, modern audio-visual equipment and the shared interview have added a significant dimension over and above the case record and are an aid in improving practice and training.

For too long, perhaps, social workers have made two unquestioning assumptions: (1) the case record is an accurate record of the functioning and meaning of the client's life and the perceptions and role of the worker and (2) the supervisor's insight and experience, especially when augmented by discussions with the worker, enable him to fill in the missing pieces that are needed. Social workers are all aware, however, that in some cases and at certain times it is virtually impossible to communicate complex phenomena in writing or to make them clear in conference, especially when they are non-verbal.

At all levels of social work there is to some extent a difference between what is done and the report of it. The worker's perceptions of his clients are constantly colored by his subjective reactions, and it is not always

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easy or possible for him to understand them. When there is a discrepancy between the worker's perception of a client and actuality, his observations are necessarily selective, leading to incomplete, distorted data, especially when transferential and other nonverbal components are operating decisively. Moreover, it is not uncommon for the worker to omit his activity from the record or discuss it sparingly; at times he may even find himself adding little of significance in the analysis of his role in conference. Although fear of exposure may be a factor, the worker's distortion is more likely to be the result of a discrepancy between his perception and reality, which makes it difficult for him to understand, and therefore report, the significant aspects of his relationship with the client.

An Asset in Teaching

Since the use of the self and the perceptions of the client are the primary emphases in the teaching of practice, much can be gained through the use of audio-visual equipment and the observed or shared interview. These media, which provide opportunities for observing and perceiving phenomena in a new way, are applicable to all forms of teaching. For the purpose of simplification, the discussion in this article is based primarily on the author's experiences in teaching as a consultant, although many of the principles and much of the content also apply to teaching in seminars and through supervision. Furthermore, the focus is on the shared interview rather than on tape-recorded interviews. The observed interview is conducted with a single client, a couple, or a family (the designated unit to be seen) and is shared by the consultant in response to the worker's request for a consultation. Although technically the shared interview does not involve the use of audio-visual equipment, it may and often does take place in a oneway vision room and may be observed and taped for use in educational discussion, especially in conjunction with seminars and group supervision. However, the concepts underlying the use of mechanical means of reproducing an interview and the sharing of interviews are closely related, and the two techniques have reciprocally influenced each other's use.

Several years ago Jewish Family Service developed a case consultation program.[2] The program gave the consultant the option of seeing the client in person along with the caseworker.[3] In brief, the program established a panel of case consultants, composed of from five to seven members, which was available to the casework staff. The panel was composed of the executives and other administrative and supervisory personnel. In general, it was anticipated that after two years of regular supervision, workers would become more independent and enriched through exposure to different consultants with different experiences and views. The decision to observe an interview has proved to be a highly individual matter and has been made selectively, but the shared interview has nevertheless been widely used by the consultants.[4]

Before the observed interview takes place, the worker submits the case record, which includes a summary, and his reason for requesting consultation. After the interview, the consultant and the worker fully discuss the case situation, including the special findings and results of the shared interview.

The bringing together of consultant and worker as working colleagues in the shared interview is a wholesome development in teaching. Despite differences in status and all the associated feelings - so familiar to social workers - a branch of fresh air seems to enter when worker and consultant, almost as colleagues, together examine more closely the complexities of human nature. Each is able to observe the skill of the other and to react to his perceptions and feelings. The consultant is taken out of his traditional ivory tower and exposes his limitations, as well as his knowledge, directly to the worker. Because learning is facilitated through identification with the teacher, the author feels that a willingness to engage in practice and to expose one's own performance (including mistakes) enhances the consultant's role. He becomes more than an "armchair general" in a shared endeavor that is designed to improve service.

Positive identification has specific meaning within the framework of the shared interview, for it gives the worker a chance to see the consultant in action and to add to his own knowledge of approaches and techniques. It is, of course, important that the worker not simply imitate the consultant, but adapt any new ideas to his own thinking and style. Furthermore, it si much easier and more effective for the consultant to teach a concept during and after a practical demonstration of its use. The shared interview, within the context of positive identification, helps to dispel the mystery of such basic concepts as empathy, resistance, and countertransference and to make their meaning more real, especially when it is followed by discussion in conference.

Frequently an inability to apply theory is caused not so much by a theoretical deficit as by the emotional reactions of the worker to the client, especially when the worker is not fully aware of them. Such feelings, sometimes only dimly experienced, seem to intrude on the worker's capacity to "hear" what the client is expressing. Because the consultant is able to become more related to the underlying feelings of the client (rage, depression, helplessness, fear, and so forth), he is in a position to demonstrate to the client and the worker the safety and relief in reaching such feelings. As a result, the worker is in a more relaxed position and therefore able to understand his client and his own reactions more deeply. But even when the worker's blind spots remain, the consultant's observation of his reactions (especially nonverbal ones), although offering no guarantee of resolution, is a source of firsthand knowledge that may be used to elucidate the caseworker's emotional reaction.

Involvement in the interview produces in the consultant, as it does in the worker, a variety of perceptions and reactions. His recognition of his responses, which may be similar to or different from the worker's, can be useful in helping the worker to understand his own feelings, especially through confirmation of similarities and analysis of differences. In addition to contributing to a more balanced and consensual diagnosis, such comparison and matching of perceptions and feelings have been found to increase the worker's respect for his own views. And as consultants become more open about their own biases and psychological filters, it becomes clear that even among experts observing identical phenomena, as in the shared interview, a number of different versions of factual material are

presented, as well as differences in meaning and interpretation. The observed interview, therefore, may serve for the consultant as an effective corrector of preconceived hypotheses and a source of new data, for although self-awareness is the touchstone of therapeutic effectiveness, there is no complete self-awareness. A social worker has only to listen to or view a playback of a tape or movie of a session to become aware of how much he missed in the client's and his own communications (verbal and nonverbal). The playback, however, offers no guarantee of new insights or solutions. Consequently, even supervisors and consultants seek consultation, live and otherwise, in conjunction with their own practice.

Learning Through Demonstration

One advantage of the observed interview is that it permits the consultant to bring out key issues and feelings through demonstration, through emotional involvement while verbal and nonverbal reactions are taking place, rather than through filtered memories and intellectual discussions. The consultant, directly in the interview and subsequently in conference, can contribute substantially to a change in the worker's perception, understanding, and implementation of his role. A sense of freedom and new insights begin to operate at once for the worker, making it possible for him to shift gears, so to speak, and to strengthen his position in relation to the client. As the consultant tests out hypotheses, brings out hidden material, or highlights specific themes, his verbal and nonverbal signals stimulate the worker to make his own new connections, additions, and confirmations. Once issues are drawn by the consultant, the worker begins to tie together the important fragments that had been elusive and to put them to work in a new, productive way.

The consultant is, of course, to some extent, able to uncover new data or to tie known facts together in a new, meaningful way without the benefit or a shared interview. Participation in the interview, however, increases his helpfulness by allowing him to confirm or discard hypotheses in a dramatic interchange and to demonstrate the basis and method of making new, significant connections. It is not merely that the consultant may be more experienced and skilled, but that the is a different person. It is this difference that sometimes operates to bring out different elements and feelings in the treatment situation.

Translating concepts into living situations can have an immediate positive impact on the client and the worker. The consultant, therefore, should at times be able to demonstrate the meaning and use of new connections and insights in an observable way. It is known that workers tend to seek consultation when there is confusion or an impasse. In feeling "stuck," they are often vaguely unclear or uneasy about their role. The consultant, not having been immersed in the situation and as a third party, is in a position to provide greater objectivity and a freshness of vision or approach. And while he observes what is going on in the client, he is also able to observe what the worker appears to be taking in. Sometimes he carries on a dialogue with the worker and the exchange of ideas influences the emphasis and direction of exploration.

There is an educational component in all forms of consultation. In the shared interview, the consultant has bifocal vision, with one eye on the client and one eye on the worker and his educational needs, and the consultatn bears these needs, and the consultant bears these needs in mind as he participates in the interview, facilitates worker participation, and conducts the subsequent conference. The many facets of the role of consultant require him to do all this thinking within an emotional ambiance, especially since the multiple interactions in a live interview add an exciting dimension. Such a climate may present difficulties, but it also tends to promote learning, because it is part of a shared affective experience.

At times the worker's anxiety is heightened by the presence of the consultant, whose position of authority in the agency may arouse hope for approval and positive evaluation and fear of disapproval and negative evaluation. In the observed interview, the authority sees the worker as he really is and not as he says he is.

Criteria for Use

There appear to be no definite criteria for electing to use the shared interview, at least at this early point in its history. One probable factor is the extent to which the consultant remains in the dark after reading the case record. Although lacking significant data or substance, some records provide clues, questions, or hypotheses that can be pursued in specificity and in depth in the interview. Observation of an interview seems to be helpful when a case is unusually complex and seems to defy past and present multiple interventions or when it causes a worker to feel overwhelmed or lost The worker's very purpose in requesting consultation and the way it is written, verbalized, or clarified through discussion may offer clues to hidden issues or problems. Therefore, in preparing for the shared interview, as well as through direct participation, the consultant aims not only to answer a specific question but also to try to resolve the problem in the case or worker as he sees it - and this may indeed be different from what is initially seen by the worker.

The decisive advantage of the observed interview lies in the opportunity it provides to pursue clues and questions and to test them in interaction through multiple exchanges between client and consultant, client and worker, and even consultant and worker. Significant data are not merely observed as through a screen; they often flow from the subjective feelings of the interviewer and from the interaction taking place. It is sometimes difficult from the record of a problematic case to separate the reactions of the client and the role of the worker. The advantage for the consultant in the live interview is that he sees client and the worker together and obtains, depending in part on the degree of the worker's participation, firsthand data (verbal and nonverbal) about the nature and quality of the interaction of the client with the worker and the reactions of the worker.

At the beginning of one interview, requested by the wroker because she felt "bogged down" despite some progress, the client somehow felt free to state: "Though my worker has helped me a great deal, whenever I really talk of my deep feelings of helplessness and need to be cared for, she becomes uncomfortable and moves away." It was subsequently learned that the client was accurate. The worker had not been aware of her reaction until the client spoke of it.

Worker participation in the shared interview can be variable, flexible, and complex. Much depends on personality styles and comfort, client response and evocation, differential observations and affect of worker and consultant, and the task to be performed as seen by both worker and consultant. The direction of the interview and the roles played by consultant and worker may involve a range of feelings, positive and negative, that stem either from the interview itself or from previous shared experiences, encounters, or images. Such feelings have the potential of affecting the interview and the subsequent consultation conference.

The worker may have mixed feelings about the emergence of new knowledge and insights or some previously hidden functioning on his part - gratification through his performance or new understanding and direction, on the one hand, and hurt through not knowing and self-revelation, on the other. The hurt can be more affective when the exposure occurs in front of the client, and the worker may be afraid (almost always unrealistically, as it turns out) that in not measuring up to the consultant's expectations, he will lose ground with the client. Some degree of competitive strivings and fear of exposure and evaluation form some part of the consultation, especially because the consultant observes at firsthand the nature and results of the worker's efforts. Since the field of social work has avoided direct observation to some extent, it is natural that the anxiety of the worker - and also of the consultant - is more pronounced in the early days of the use of direct observation. The anxiety is natural and real, and it is wise to acknowledge its existence and to discuss it when it seems to inhibit or interfere with spontaneous exchange and meaningful discussion.

By contrast, the client generally has little anxiety in being seen by the consultant and is often pleased by a practice that seems to symbolize the agency's institutionalized care and concern. The very symbolization, heightening the importance of the consultation for client and worker, tends to enhance the status of the consultant and therefore makes his task somewhat less arduous. The client whose worker has conviction about the purpose of observed consultation and no excessive anxiety rarely opposes the idea.

The Wide Range of Coverage

The range of coverage and emphasis in a single observed interview varies widely from a comprehensive exploration to a very narrow focus, depending on the ways in which the worker and consultant see the needs of the client. To some extent, it also depends on the particular learning pattern of the worker and his stage of professional development. Any inquiry in any area is appropriate as long as it is related to the purpose of helping the client and worker to move closer to their goals. The consultant, like the worker, may focus in one family interview, for example, primarily on the marital relationship and, in the same case three months later, on the interaction between the child and parents, depending on the need for diagnostic clarity, the phase of treatment, and the needs of the worker. He may focus on diagnostic material or selected aspects of the relationship between client and worker or both. In one case consultation in which the worker had a very sound diagnostic grasp of family interaction, the critical problem that led to a falling-off contact following solid progress was the repressed feelings of desertion of both husband and wife. The worker had gone on

vacation six months earlier and had conveyed a subtle message, unrecognized by himself, that they should rely more on their own resources. The feeling of abandonment, which was at first denied by the husband and the wife, emerged in the interview, enabling the worker to recognize and cope with this as a cnetral issue between them.

The appropriate extent of coverage and focus within the limitations of a single consultation is not an easy matter to determine. There are components of therapy in the most diagnostic of interviews. In order to carry out his purpose, the consultant has to be related to and involved in a wide variety of significant content and feeling. His effectiveness depends on diagnostic acumen, empathy, method, timing, style, relationship to the worker, and the like.

Conclusion

Experience has helped staff members to develop greater security and conviction about the helpfulness of the observed interview. In conjunction with audio-visual aids, which open up specific areas for direct viewing, such interviews are leading to more knowledgeable consultations, more specific and usable help to the worker, and a more relaxed pertnership and exchange between consultant and worker. Direct contact and openness help to take the mystery and running question out of what really takes place between client and worker and contribute to a reduction of tnesions between consultant and worker. Experience indicates that clients seem to derive additional benefits from the shared interview and the intimate nature of the subsequent consultation conference. Along with improving practice, the observed interview seems to be boosting the self-confidence and the self-image of all the staff.

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1 Charlotte G. Babcock, "Social Work as Work," Social Casework, Vol. XXXIV, December 1953, pp. 415-22; and Esther Schour, "Helping Workers Handle Work Stressed," Social Casework, Vol. XXXIV, December 1953, pp. 423-28.

2 Arthur L. Leader, "A New Program of Case Consultation," Social Casework, Vol XLV, February 1964, pp. 86-90.

3 Frances Levinson Beatman, "The Training and Preparation of Workers for Family Group Treatment," Social Casework, Vol. XLV, April 1964, pp. 202-08.

4 The term consultant in the article refers to supervisor as well.

DIFFERENTIAL SUPERVISION

by

*Kenneth W. Watson**

Effective supervision of staff has been an ongoing problem for social agencies. As social work has struggled to become more recognized and more comfortable as a profession, it has devoted much energy to establishing and maintaining agency standards and to organizing and transmitting its knowledge and skills. Within agencies the mechanism for accomplishing these goals is supervision.

Private agencies developed the supervisory method that became the model for the profession. This method was essentially a tutorial model, which borrowed from psychiatry an emphasis on developing self-awareness in the supervisee.[1] As agencies became dissatisfied with this method, they began to experiment with a number of others, including group supervision, peer supervision, case consultation, and the team approach.[2] Each method has had its value and limitations, and it is now recognized that none can meet the needs of all staff under all conditions. What is needed is differential supervision with a range of options.

To make sure that these options meet the needs of both the social workers and the agency, it is first necessary to establish clear concepts of what the goals and functions of social work supervision are. Within a conceptual framework, various ways of providing supervision can be examined and differentiated so that appropriate use can be made of them. Over the past ten years the Chicago Child Care Society, a voluntary agency offering a range of child welfare and family counseling services, has been experimenting with all the supervisory patterns just mentioned and at least one other (tandem supervision). This article outlines the conceptual framework within which the agency has been working, describes some of the distinguishing characteristics of the models the agency has developed, and identifies what the agency has found to be the most critical factors in its experience.

The goal of social work supervision is improved service to clients, brought about by better functioning of the social workers. One way in which supervision can be defined, then, is as the agency system that focuses on the worker and his social work performance. The supervisory system may be contrasted to the two other major systems observable in all but the smallest agencies: the direct service system, whose focus is on work with the client, and the administrative system, whose focus is on facilitating the total operation of the agency and relating it to the community in which the agency functions. Although these three systems are interdependent and interlocking, the focus in this article is on supervision. The advantage of looking at supervision as one of the systems of an agency is that its functions may be examined apart from who carries them out.

FUNCTIONS OF SUPERVISION

If an agency chooses to use supervisory models other than the traditional tutorial, it should factor out the essential functions of the supervisor in the standard model so it can be sure that all the "supervisory" functions are being met in the alternative systems. Traditionally two major components of supervision have been recognized—a teaching function and an administrative function.[3] The major areas of responsibility for each function are as follows:

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(November 1973), pp. 80-88.

Teaching function. Workers need to learn a number of things so that their service to clients may improve. Although the specifics may vary among agencies, generally the material to be learned can be divided into five areas: (1) social work philosophy and the history and policy of the agency, (2) social work knowledge, techniques, and skills, (3) self-awareness, (4) available resources in the agency and the community, and (5) the priorities of case service and the management of time.

Administrative functions. The administrative component can be broken down into six functions: (1) communications linkage, (2) accountability for performance, (3) evaluation, (4) assignment of cases and distribution of work, (5) emotional support of workers, and (6) utilization by the agency of each worker's experiences. Of these, perhaps only the first and the last need further elaboration.

The communications function is so vital that is deserves special mention. If the agency's service system is perceived as a communications network whose essential product is information, the importance of the supervisory linkage is brought into focus. This linkage is crucial not only to the administration, but in large, diverse agencies it is equally important in terms of the flow of information among staff. The supervisory system is the switchboard through which agency staff members connect with one another. In supervisory models in which there is no one person fulfilling the various supervisory functions, it is particularly important that adequate provision for this linkage be provided. Although a more varied supervisory system leads to greater autonomy for workers, the workers may feel they are losing touch with one another unless easy communication is possible.

The sixth administrative function is related to communications, but its specific purpose is to make sure that, within the agency, provision is made for utilizing fully the experience of each worker. As Eisenberg felicitously phrases it: "It is the supervisor's task to rescue from oblivion the contribution of the caseworker."[4] This function is important not only to add to the storehouse of knowledge but also to confirm the worker's value to the agency.

THRUST OF THE SYSTEM

The purpose of structure should be to support people, not to restrict them. To be sure that in fulfilling its functions the supervisory system does not limit the worker, it is necessary to be clear about the direction of the system in the agency. If the goal of supervision is to provide better service to clients through enhancing the performance of the workers, then supervisory activity must encourage greater autonomy and maturity in the workers. One of the limitations of the tutorial model is that it recreates the pupil-teacher learning situation and provides fertile ground for the development of an infantile hostile-dependent relationship between supervisor and supervisee.

For a worker to feel secure in his decision-making and case activity and yet feel he is not limited in his opportunities for growth, he needs to know the boundaries of his professional autonomy and understand that these boundaries are subject to continuing redefinition. Some part of each supervisory system must be responsible for defining with the worker where those boundaries are at any given point and for negotiating any changes with him.

Perhaps this can be made clearer by examining how such boundary delineation works with the simplest method--the traditional tutorial model. The perimeters of the worker's sphere of activity in that model are (1) agency policy, (2) the worker's job description, (3) the worker's ability, and (4) the supervisor's competence. In a foster care case, for instance, an increase in board payments for foster care may

be against agency policy, the recruitment and evaluation of a new foster home may not be within the scope of the worker's job, intensive treatment of a foster child may be beyond the worker's ability, and a new approach to service may be beyond the supervisor's capacity to evaluate or accept. All four boundaries are movable.

Ordinarily, changes in agency policy and job descriptions must be negotiated in the total agency system and take longer than changes related to the worker's or supervisor's increased skills and comfort, which usually can be worked out in the context of their relationship. Wherever the boundaries are set, it is important that both the supervisor and the worker know where they are and that both agree about how much autonomy the worker has. Then the worker is free to work within the established limits, knowing that he has the support of the agency. Although the supervisor holds him accountable for his actions, the supervisor also implicitly assumes a share of the risk.

Within the established perimeter, the worker has responsibility for the cases he handles. The supervisor's job is to suggest various options, to evaluate the validity of the worker's decisions and his capacity to implement them, to note patterns in his decision-making or service, and to help him retrieve a situation in which things have not gone well. And it is the responsibility of both the worker and the supervisor to expand the boundaries so the worker's area of functioning may be enlarged.

One of the boundaries suggested in this example was the supervisor's abilities. In this model, as in all supervisory systems, there are additional limitations that depend on the system itself—not on which persons are playing the roles. For instance, it is possible that one supervisor would not be as knowledgeable about community resources as would the experienced workers in a peer supervisory group. In those supervisory systems in which no one person is vested with supervisory responsibility, this fourth boundary, the supervisor's competence, becomes the capacity of the system itself.

As would be anticipated, in supervisory systems that have no formal supervisor (peer groups and tandems, for instance) it is more difficult to be aware of the changing boundaries of each worker's professional autonomy. When such changes are made, it is also more difficult to be sure that they are not the result of a unilateral decision by the worker.

Because it is the belief of the Chicago Child Care Society that it must respond to the differences of its individual staff members and make opportunities available to enhance their performance, the agency has thought it important to have alternate supervisory systems available at all times. Consequently, six different supervisory models have been experimented with. No one model is better than the others; all have their limitations. The model to use depends on the worker, agency, service, need, or time; sometimes a combination may be effective. There may be other systems that have not been used. The important thing is for an agency to have a range of possibilities available rather than try to fit every situation into one existing model.

The six systems experimented with are (1) the tutorial, (2) case consultation, (3) the supervisory group, (4) peer-group supervision, (5) tandem supervision, and (6) the team. These models can perhaps be distinguished most clearly if one examines how they differ with respect to eight important characteristics—membership, scheduling of contacts, responsibility for content discussed in supervisory contacts, decision-making, teaching responsibility, accountability for performance, evaluations, and the method by which this system ties in to the rest of the agency.

TUTORIAL MODEL

The tutorial model consists of a supervisor and a supervisee in a one-to-one relationship; the role of the supervisor encompasses all the functions identified earlier. It is probably the most useful model for workers who are inexperienced and/or who like the security of a relatively close monitoring of their performance. Supervisory conferences are usually scheduled on a regular and frequent basis. When this system is used with more experienced workers, conferences are often scheduled only at the request of the supervisee. This is sometimes mistaken for consultation. It is really tutorial supervision on an infrequent basis, and such loose scheduling tends to reinforce the potential for hostile dependency, which is one of the greatest limitations of this model. If conferences are called only at points of crises, the supervisee finds himself turning to the supervisor when he is overwhelmed, much as a child might turn to his parents or to a teacher.

The supervisor and the supervisee share the responsibility for the agenda of each supervisory encounter. Although the responsibility for decisions about a case is theoretically the worker's, the system tends to shift this responsibility to the supervisor because he is accountable to the administration for the performance of the worker. The teaching-learning component is important in this model, and both parties assume responsibility for its success. The responsibility is slightly weighted toward the supervisor, since this model is generally used when the emphasis is on teaching and the supervisee is enexperienced.

The supervisee is directly accountable to his supervisor. The evaluation of the supervisee is shared between them, but again the system tends to shift the weight of the responsibility in the direction of the supervisor because the worker is inexperienced and the supervisory functions--or the power--are consolidated in the supervisory role. And, of course, this model ties into the rest of the agency through the supervisor.

CASE CONSULTATION

Consultation also is on a one-to-one basis, although it may take place in the presence of other staff, both to benefit their learning and to seek their contributions. There is, however, a designated consultant, and the system essentially involves the worker and the consultant. The worker schedules the contacts when he needs them and he is responsible for the focus of the meeting. Consultations are case focused; thus it is the further responsibility of the worker to present to the consultant (either in writing before the consultation or orally during the meeting) the information about the case that he will need in the meeting. Consultations are self-contained encounters. The worker is responsible for decisions about the case and the consultation is always nonrestricting. That is, it must be clear to both parties that the worker is not bound by the opinions of the consultant unless he considers them useful.

There is a heavy teaching component in this model, with the consultant cast in the role of the teacher. It is his job to review the situation presented to him, to offer a point of view with respect to the case, and, in the course of the consultation, to explain to the worker the basis for his opinions. In an effective consultation, of course, there will be learning by both parties.

Case accountability, evaluation of the worker, and linkage to the rest of the agency should not be part of the consultant's role. To the extent that these functions are performed by the consultant, this model takes on the form of the tutorial and loses its effectiveness as a different system. Also, to be optimally successful, workers must feel free to use various members of the staff as consultants and clearly the other staff members cannot all assume these other functions. The value of consultation derives, in large measure, from the worker's freedom to use it at his discretion. Thus the worker connects the episodic case consultations to the body of his work and his own way of thinking, rather than having these connections structured through the design of the system itself.

Since the functions of accountability, evaluation, and linkage are not designed to be performed by the consultant, the agency must be sure that these functions are covered in some other way. Workers who rely primarily on consultation are generally experienced and have greater autonomy in handling their cases than do inexperienced workers. To leave these workers formally unconnected to the rest of the agency, however, is to do both them and their clients a disservice. Someone must be designated to fill the administrative role of supervising them unless case consultation is used in addition to another supervisory model that has already provided for this role.

SUPERVISORY GROUP

In the supervisory group there is a designated supervisor and a group of supervisees. In some ways it represents the extension of the tutorial model to a group of workers. For such a model to be effective, the workers in the group must not be too diverse in their levels of training or experience. That is, the members must have certain common areas of ignorance. If the group is too varied, it may not be able to find a meaningful focus for learning.

Such a group meets regularly; the agenda for the meetings generally is determined by the supervisor. Cases are discussed both to provide direct help to the worker involved and to serve as a springboard for discussions of social work skills and knowledge. Each worker makes decisions about his own cases and is accountable to the supervisor.

Teaching is a strong component of this model. Evaluation of the workers is the supervisor's responsibility and is carried out on a one-to-one basis with each group member. The members are tied to the agency through the supervisor. This system, like the tutorial method, is most effective with inexperienced workers. It is more efficient than the tutorial method if the agency has several workers, all of whom need similar instruction and support, and exposure to a group provides more opportunities for learning.

PEER-GROUP SUPERVISION

In peer-group supervision there is no designated supervisor, and all the members of the group participate as equals. Consequently, one of the requirements for the group's success is that the members are mature and experienced enough to make vital contributions to the case discussions and assume most of the responsibility for their own cases. In the supervisory group model it is important that the members share common areas of ignorance; in the peer group they must share common areas of competence.

Although no person is the supervisor, someone chairs the meeting--either a designated leader of members chosen through rotation. Initially

at Chicago Child Care Society the group leader was an administrator. However, the selection of an administrative person caused some confusion, since the group viewed him as a traditional supervisor rather than a group member, even though he carried a caseload and participated in group discussions as a peer. When this person left the group, it was decided not to rotate the job of chairman, and one of the group members was designated as leader. Although there was some risk that the leader would assume a supervisory function beyond that of his peers, having such a leader facilitated communication between the peer group and others in the agency.

A peer group meets on a regular basis. The agenda for the meeting is determined by mutual agreement, and the group leader moderates the discussion. The case decisions are left to the individual members who use the group as a sounding board for their ideas and as a way to enlarge their understanding of a case and extend the number of options to be considered in any situation. As in the consultation model, it must be clear to all the members that they are under no obligation to act in accord with the ideas proposed in group discussions of their cases. It is assumed, of course, that pressure from the group would encourage a member to reconsider some action is all the other members disapproved of it.

There is no formal teaching in the peer-group model. Learning is up to each member and is a by-product of the case discussions. Case accountability and worker evaluations are not the responsibility of the group. An administrative person outside the peer group must assume these functions. Linkage of peer-group members to the rest of the agency is through the group leader.

TANDEM SUPERVISION

Tandem supervision developed out of the peer-group model and has many similarities to it. The tandem was established at the Chicago Child Case Society when two peer-group members suggested they would like to function apart from the group with fewer planned contacts. Neither was designated the supervisor. Both were experienced workers who respected the ability and opinions of the other. As a tandem they met informally whenever either had a case for consideration. Like consultation, there was a case on which discussion was focused, but unlike that model, the discussion might draw on one worker's entire caseload and past experiences, which were common knowledge to both workers. Contacts, although intermittent, were not episodic. Decisions were the responsibility of the person to whom the case was assigned, but as the tandem worked together for a while, both members became familiar with the other's cases and the decisions tended to become more collaborative. Tandem members arranged to vacation at different times so they could cover each other's cases.

As in the peer-group model, teaching was incidental to the handling of the cases and came out of the case discussions. Tandem workers were not accountable for each other's performances or evaluations. These functions were delegated to an outside administrator. Linkage to the agency was between each tandem member and the administrative person to whom each was accountable.

THE TEAM

The team was the agency's most unusual model, and the background and details of the team efforts have been described elsewhere.[5] Unlike either the supervisory group or the peer group, both of which need homogeneity among their members, the membership of the team was deliberately varied as much as possible within the agency structure. The team met on a regular basis, with the agenda proposed by the team members in advance. Any member was at liberty to add a case to the agenda for discussion. At

the meetings it was the task of the team to arrive at decisions about a case through the group process. The decisions in every case were the team's regardless of which member was responsible for implementing them.

Although there was a designated team leader, he was not a supervisor in the traditional sense and did not have direct teaching responsibilities at meetings. Learning was the responsibility of each member, and each was presumed to use the resource of the other members to this end.

Accountability was divided. The team leader was responsible for making sure that the team functioned as a unit of service and that each member performed his assigned tasks. An administrator, who was not a member of the team, was responsible for assuring that the team's service measured up to agency standards. Evaluation of team members, then, was done jointly by the worker being evaluated, the team leader, and the outside administrator. Linkage of the team to other systems in the agency was through the team leader.

CRITICAL FACTORS

As should be apparent from the discussion of the six models of supervision, the Chicago Child Care Society has attempted to free workers from what it felt to be the restrictions of a single supervisory system and to provide a number of alternatives. The starting point for the experiments was in 1963, when it was realized that the experienced workers were uncomfortable with the tutorial model and that no other options had been structured. At that time workers moved from weekly tutorial sessions to a schedule of less frequently held meetings as their skills developed and they and their supervisors felt more comfortable with their greater autonomy. At some point the experienced workers no longer maintained a regularly scheduled supervisory contact but were instead free to seek out their supervisors when needed. This was erroneously called consultation.

In response to the needs of the staff and the nature of the program at that time (many experienced workers with similar caseloads), the agency chose peer-group supervision as its logical first choice in providing greater diversity in supervision. Each of the other models, too, evolved from attempts to respond to the needs of the time. Since the agency is a field-work center for social work students and has frequently hired young, inexperienced workers, it has continued the tutorial model as well.

The original peer group spawned two tandems; one worked well and the other failed because the workers were unable to delineate it from the tutorial model with which they were not comfortable. Ultimately the initial peer group was phased out when its members either left the agency or went into tandems or into the consultation model. After experimenting with the peer group, tandem, and consultation models, one experienced worker returned to the tutorial method because she recognized she functioned and learned best in that situation. This suggests that an agency needs to be flexible in the use of models and not assume that there is a fixed progression through which all workers must move.

Group supervision has been most effective when the agency has had several new workers (it is a part of the student training program) or when the agency has moved into new program areas and sought to develop new perspectives or skills. The team evolved in response to attempts to integrate workers with a wide variety of training and experience into an effective service delivery system.

Each model was developed in response to a perceived need and served its purpose for some workers at a particular time. Since the agency has never viewed any model as universally better than any other, it has been comfortable in using or discarding any model according to the circumstances of the staff and the program.

The success of an open supervisory structure depends on several things. Foremost, perhaps, is that each alternative has been clearly defined and all are used differentially in response to the needs of the staff and the agency. It is also important that the agency supplement each system to provide externally those elements that are missing or not emphasized. For instance, in those models in which the teachin g component is secondary (such as the team), the agency must make available additional formal teaching opportunities to the staff served by such a model. In those systems in which accountability is not part of the primary unit of contact (such as the peer-group model), there must be a designated representative of the agency administration to whom group members are accountable, and formal procedures must be established to make sure this administrative function is performed.

Although creativity is encouraged by an open, flexible supervisory structure that welcomes experimentation, the more open the structure, the more difficult and important it becomes to maintain accountability. That is, the greater a worker's autonomy, the more he needs the assurance that there is some kind of monitoring system that will hold him accountable for his actions and support a high level of performance.

Further, a successful program and high staff morale depend on certain elements of the agency being stable because everything cannot be in a state of flux at one time. For example, when an agency is experimenting with a new pattern of supervision, the focus of the service ought to be held constant. If the agency is developing a new area of service, it ought to maintain its established supervisory structure. This is not to deny that change in one part of a system affects every part of the system, but to suggest that when a worker if experiencing change in one area, it is reassuring to be able to rely on famliarity elsewhere. Even with those experiments that depend for their success on a rearrangement of several factors, some elements must remain constant.

Maintaining cohesiveness in the agency was difficult with workers operating in different supervisory systems and having various service responsibilities. That is why it was necessary, in all the models, to have someone take responsibility for tying each agency into the total fabric of the agency. In addition, it seemed important to provide opportunities for staff members to interact with each other outside their departmental and supervisory systems and to plan for sharing information about all the various programs throughout the total agency. And, of course, what serves most to anchor a worker to a total program is his knowledge that his contributions are recognized and respected.

SUMMARY

Social work supervision has vacillated between perpetuating a tutorial model that needlessly restricts and infantilizes competent workers and abandoning this model for some type of group method that it hoped would do the supervisory job more efficiently. This article has attempted to define more precisely just what supervision is and to review the six supervisory systems experimented with at the Chicago Child Care Society.

No one model can be expected to meet all of an agency's needs for supervision-a range of options is essential. An awareness of the strengths and weaknesses of the various models and an agency support system that supplements each are important considerations if differential supervision is to be successful. Since such a supervisory structure is much more open, special attention must be paid to the areas of accountability and linkages in communication. Otherwise, workers will feel alienated from the agency, and the administration will believe its program is getting out of hand.

A more flexible approach to supervision accommodates itself to greater variations in worker's needs and tends to support creativity and experimentation. The goal of supervision is to provide better services to clients by helping the workers become more skillful in their jobs. A variety of supervisory models provides more opportunities for an agency to accomplish this goal. It also places a greater responsibility on the administrative system of the agency and on each worker.

NOTES AND REFERENCES

1
See, for example, Lucille N. Austin, "Basic Principles of Supervision," SOCIAL CASEWORK, 33 (December 1952), pp. 411-419; and Yonata Feldman, "The Teaching Aspect of Casework Supervision," SOCIAL CASEWORK, 31 (April 1950), pp. 156-161.

2
See, for example, Jadwiga Judd et al., "Group Supervision: A Vehicle for Professional Development," SOCIAL WORK, 7 (January 1962), pp. 96-102; George S. Getzel et al., "Supervising in Groups as a Model for Today," SOCIAL CASEWORK, 52 (March 1971), pp. 154-163; Ruth Fizdale, "Peer-Group Supervision," SOCIAL CASEWORK, 39 (October 1958), pp. 443-450; Arthur L. Leader, "A New Program of Case Consultation," SOCIAL CASEWORK, 45 (February 1964), pp. 86-90; and Kenneth Watson, "The Manpower Team in a Child Welfare Setting," CHILD WELFARE, 47 (October 1968), pp. 446-454.

3
See, for example, Lucille N. Austin, "An Evaluation of Supervision," SOCIAL CASEWORK, 37 (October 1956), pp. 375-383; Donald A. Devis, "Teaching and Administrative Functions in Supervision," SOCIAL WORK, 10 (April 1965), pp. 83-89; and Frances H. Scherz, "A Concept of Supervision Based on Definitions of Job Responsibility," SOCIAL CASEWORK 39, (October 1958), pp. 435-442.

4
Sidney S. Eisenberg, "Supervision as an Agency Need," SOCIAL CASEWORK, 37 (May 1956), pp. 233-237.

5
Watson, op. cit.

MODULE VI

CONSIDERATIONS IN SUPERVISION

SCOPE

This module presents selected concerns and issues that should be given attention in the supervisory process and the supervisory relationship.

OBJECTIVES

Upon completion of this module each participant will be able to:

- Specify, in writing, the oral model for feedback.
- Identify, in writing, four demographic or psychological factors that may influence the supervisory interview process.
- Identify, in writing, three behaviors of an effective supervisor.
- Specify, in writing, three problems that typically occur in the clinical aspects of supervision.
- Specify, in writing, three problems that typically occur in the administrative aspects of supervision.

LEARNING ACTIVITIES

- Lecturette - "The Supervisory Interview" (20-25 minutes)
- Lecturette - "Problems in Supervision" (20-25 minutes)
- Exercise - "Brainstorming 'Games' in Supervision" (20-25 minutes)
- Assigned reading (5-10 minutes)

SUPERVISOR-SUPERVISEE: A SURVEY

Alfred Kadushin

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Graduate professional social workers are increasingly taking on supervisory and administrative positions, yet little research has been done on the implications this has for social work education. This article analyzes a comprehensive nationwide survey of 750 supervisors and 750 supervisees.

Currently, there has been a widespread reassessment of the different responsibilities assumed by professionals holding a master's degree in social work (MSW) and those with a bachelor's degree. Both the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) have given explicit recognition to the Bachelor of Social Work degree (BSW) as a professional degree for entry-level positions. As a result, greater emphasis is being placed on master's degree training as preparation for supervisory, consultative, administrative, and planning tasks.

Reviewing the current manpower situation in social work and prognosticating future trends, Briggs suggests that during the 1970s

> . . . the graduate trained social worker (MSW and DSW) will become a middle manager, team leader, supervisor or staff developer, or a high level specialist-consultant-planner in social problem areas. Education for practice will reflect the shift in roles.[1]

In 1969 the board of directors of CSWE appointed a special committee to study the length of graduate school education. The committee held a series of open meetings throughout the country, which over two hundred practitioners and educators attended. The report notes that "with the bachelor's degree rapidly becoming the first degree in social work, thought needs to be given to the future development of the MSW program."[2] In many schools this process of redefinition has resulted in an "emphasis on training master's degree students for middle level management and supervisory and administrative positions."[3]

Such modification in the education focus of the master's degree program is supported by the research on recent developments in practice. A summary of studies examining the distinct activities of BSW and MSW social workers in the same agencies notes that those with a master's degree were more involved in directing than in providing service.[4] Social workers with a bachelor's degree were likely to be providing direct service, whereas the major professional responsibility of those with a master's degree had become supervision of or consultation with the BSW worker.

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[1] Thomas L. Briggs, "Social Work Manpower: Developments and Dilemmas of the 1970's," in Margaret Purvine, ed., Educating MSW Students to Work with Other Social Welfare Personnel (New York: Council on Social Work Education, 1973), p. 28.

[2] Frank M. Loewenberg, Time and Quality in Graduate Social Work Education-Report of the Special Committee to Study the Length of Graduate Social Work Education (New York: Council on Social Work Education, 1972), p. 31.

[3] Ibid.

[4] Robert L. Barker, "Conclusion: Research Findings Related to the Education of Baccalaureate Social Workers," in Robert L. Barker and Thomas L. Briggs, ed., Manpower Research on the Utilization of Baccalaureate Social Workers: Implications for Education (Washington, D.C.: U.S. Government Printing Office, 1972), p. 92.

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This trend in the changing functions of MSW-trained workers is further confirmed by a follow-up study of recent graduates that indicates that many professionally trained workers assumed positions as administrators, supervisors, or consultants within two years of graduation.[1] A recent survey of Canadian social workers with master's degrees showed that over half "were employed in administrative, supervisory, consultative and other non-direct service positions."[2]

Despite the increasing importance of supervision as a unique responsibility of the graduate-trained professional social worker, relatively little research is available on social work supervision. A comprehensive review of research covering the period between 1965 and 1970 noted that "no significant studies of (social work) supervision have appeared" since 1965.[3]

Project Overview

This article is a report of a study of supervision in social work that was conducted in 1973 through the use of a questionnaire addressed to a nationwide sample of 750 supervisors and 750 supervisees. Respondents were randomly selected from a listing of 2,600 casework supervisors and 5,300 casework supervisees in the 1972 NASW Directory.[4] Of the 1,500 social workers approached in the original and the followup mailing, there were 853 usable returns--469 from supervisors and 384 from supervisees. An additional 75 nonusable returns were received from respondents who were retired, in private practice, or who thought the questionnaire "too damned long." The usable responses amounted to 61 percent--a rate considered high for studies of this kind, particularly one with a long questionnaire.

Two different forms of the same basic questionnaire were used, each running about twenty pages. One was directed to supervisors and one to supervisees. The questionnaire was pretested in interviews with field instructors at the University of Wisconsin School of Social Work, Madison, Wisconsin. The returns were anonymous, and answers were keypunched and computer-analyzed.

On the whole, characteristics of the respondents mirrored NASW membership. Two-thirds of each group were female and about 90 percent of both groups had an MSW degree. Supervisors tended to be somewhat older (41-45 years of age) than supervisees (36-40 years of age). Supervisors had an average of twelve to thirteen years' paid experience in social work and supervisees, nine to eleven years. Both groups had worked in their current agency for an average of six years. Supervisors were more likely to be working in a public assistance or child welfare agency than were the supervisees, more of whom worked in a psychiatric-mental health agency, a family service agency, or in school social work. Supervisors worked in larger agencies (employing thirty or forty social workers) than did supervisees, who worked in agencies that employed eleven to twenty social workers. Therefore, the promotion of the MSW social worker from practitioner to supervisor often involves a move from a private to a public agency; from a smaller to a larger agency; and from a psychiatric-mental health, medical, or school social work setting to a public assistance or child welfare setting.

Supervisory Power

Supervisors are responsible for an average of four to five workers each. Only about 30 percent of their supervisees have an MSW degree. The largest percentage in the supervisee group are college graduates with a degree other than social work (33 percent), and additional 10 percent have an undergraduate degree with a social work major, and about 11 percent have no college degree. Thus the group of supervisees used for this study (all MSW graduates) represents only a small segment of the general group of supervisees. About half the supervisors carried a caseload in addition to their supervisory responsibilities.

The individual conference is the principal context for supervision. Supervisors meet with their supervisees in regularly scheduled conferences on the average of three to four times

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[1] Virginia M. Schultz, "Employment Trends of Recent Graduates," Personnel Information, 16 (November 1970), p. 15.

[2] John Melichercik, "Social Work Education and Social Work Practice," The Social Worker, 41 (Spring 1973).

[3] Scott Briar, "Family Services and Casework," in Henry Maas, ed., Research in the Social Services: A Five-Year Review (New York: National Association of Social Workers, 1971), p. 111.

[4] NASW Directory of Professional Social Workers (Washington, D.C.: National Association of Social Workers, 1972).

a month, for a period of an hour to an hour and a half each time. Although group supervisory meetings frequently supplement individual conferences, only 14 percent of the supervisors indicated that such meetings were the principal context for supervision.

The great majority of supervisees (72 percent) indicated that total supervisory time was "just about right." If there was any complaint, it was that the supervisees felt that they did not get enough time.

The majority of supervisors and supervisees noted that as the supervisee gains experience the relationship can become one of consultant-consultee, to be used when and as the participants decide. Although both groups felt strongly that this was a desirable direction in which to move, a somewhat higher percentage of supervisees (75.2 percent) felt this than did supervisors (69.5 percent).

Whereas 60 percent of the supervisees saw the relationship with their supervisors as "colleague-collaborator" and only 3 percent saw themselves as "students," 30 percent of the supervisors regarded themselves as "colleague-collaborator" and 26 percent as "teacher." Supervisees apparently have a more egalitarian perception of the relationship than supervisors are willing to concede.

To view the desirable relationship between supervisor and supervisee as that of consultant-consultee is not to press for peer supervision. Both groups interviewed showed that they were, in fact, hierarchically oriented. When asked to whom they would be most likely to turn for help in their work, 56 percent of the supervisees and 72 percent of the supervisors indicated that they would turn to the person responsible for their own supervision. Only 8 percent of the supervisees and 6 percent of the supervisors indicated that they would turn to a peer.

French and Raven identified five different bases of social power that might permit the supervisor to proscribe the behavior of his supervisee: reward power; coercive (punishment) power; positional power based on the title or office that the supervisor holds in the organization; referent (relationship) power based on the supervisee's identification with, and liking for, the supervisor; and expert power based on the supervisor's special knowledge and skill.[1]

These five bases of power were made explicit in five different statements, and both supervisors and supervisees were asked to indicate which they thought most salient to the supervisee. The intent of the question was to identify the particular source of power that supervisees accept as the basis for the supervisor's authority. Table I recapitulates these results:

Table I. SOURCES OF SUPERVISORY POWER AS PERCEIVED BY SUPERVISORS AND SUPERVISEES

Supervisor's Source of Influence with Respect to Supervisee	As Perceived by Supervisors (percentage)	As Perceived by Supervisees (percentage)
Expert power	95.3	65.5
Positional power	2.6	21.1
Coercive power	.6	5.5
Reward power	.2	3.1
Referent (relationship power)	.6	2.1

Supervisees grant the supervisors the power of their position more readily than supervisors are prepared to accept it. In fact, the supervisors by an large reject this power and see it as resting almost exclusively in their greater expertise. For social workers, it is surprising that both groups reject the power of the relationship as being a significant factor in motivating supervisee behavior. Identification and emulation are based on what the supervisor knows ("his knowledge and good judgment because of greater training and experience") rather than on the meaning he has as a person ("because I like the supervisor and want to do things he thinks should be done"). It may be that both groups regard referent power as appropriate for behavioral change in the worker-client relationship but not as a basis for influencing behavior between autonomous professionals.

[1] John R. P. French, Jr., and Bertram Raven, "The Bases of Social Power," in Dorwin Cartwright, ed., Studies in Social Power (Ann Arbor, Mich.: Institute for Social Research, 1959).

Satisfactions in Supervision

Supervisors and supervisees were given different lists of satisfactions and dissatisfactions in supervision and asked to select those about which they felt most strongly. To supervisors, the three strongest sources of satisfaction were "satisfaction in helping the supervisee grow and develop in professional competence" (88 percent), "satisfaction in insuring more efficient and effective service to my clients through my supervisory activities" (75 percent), and "satisfaction in sharing my knowledge of social work and my skills with supervisees" (63 percent).

For supervisees, the principal sources of satisfaction were indicated by such statements as "Through supervision I share the responsibility and obtain support for difficult case decisions from somebody with administrative authority" (44 percent), "My supervisor helps me to deal with problems in my work with clients" (40 percent), and "My supervisor helps me in my development as a professional social worker" (34 percent).

The principal sources of dissatisfaction for supervisors were "dissatisfaction with the administration and with administrative 'housekeeping-red tape' details" (71 percent), "the loss of the direct worker-client contact and relationship" (46 percent), and "dissatisfaction for the need to get the worker to follow agency policy and procedure with which I strongly disagree" (41 percent).

Statements indicating principal sources of dissatisfaction for the supervisee were "My supervisor is hesitant about confronting agency administration with the needs of his supervisees" (35 percent), "My supervisor is not sufficiently critical of my work so that I don't know what I am doing wrong or what needs changing" (26 percent), and "My supervisor does not provide much real help in dealing with problems I face with my clients (26 percent).

By far the largest percentage of both groups seem satisfied with their current supervisory situation. About 60 percent of the supervisees reported being "extemely satisfied" or "fairly satisfied" with their supervisor; 73 percent of the supervisors were "extremely" or "fairly" satisfied with "their current assignment as supervisor." Conversely, only 6 percent of the supervisors checked "fairly" or "extremely" dissatisfied with their current assignment, whereas 15.4 percent of the supervisees were "fairly" or "extremely" dissatisfied with their current supervisor.

To determine what factors associated with dissatisfaction, a comparison was made between supervisees who indicated the greatest satisfaction in their current supervisory experience and those who indicated the greatest dissatisfaction. Strong overall dissatisfaction with the supervisory experience is associated with certain factors at a statistically significant level (.001). These are shown by the following statements: "The supervisor shows little real appreciation of the work the supervisee does," "He is capricious and arbitrary in the use of authority," "He does not provide much real help to supervisees in dealing with client problems," "He is controlling and dominating, restricting the autonomy and initiative of supervisees," and "He is not sufficiently critical of the work of the supervisee to show him what he is doing wrong and what needs changing."

The factors associated with dissatisfaction tend to confirm the ambivalence generated by the supervisory situation. This is particularly evident in the desire for professional autonomy, because this conflicts with the supervisee's need for dependence in learning. Restrictions on autonomy and initiative are resented, but so is the fact that the supervisor does not provide much help in dealing with clients' problems. In view of the supervisors' hesitancy in being critical, it is interesting that supervisees generally, and the most dissatisfied group in particular, indicate strong resentment of the fact that supervisors are not sufficiently or specifically critical of their work. The supervisees are anxious to do a better job and look to the supervisors for help in identifying the deficiencies in their work.

Pronounced dissatisfaction with supervision is not related to such factors as sex, age, or years of experience in the profession or the agency. Nor is it associated with the size of the agency. It is, however, related to the type of agency at a statistically significant level. Supervisees who are clearly dissatisfied with the supervision are more likely to be located in public than in private agencies (.05). These respondents were found to be clustered in public assistance and medical social work agencies.

Table II. SUPERVISORS' AND SUPERVISEES' REACTIONS TO SUPERVISORY FUNCTIONS

Functions	Regarded as Most Preferred by Supervisors (percentage) = 469	Regarded as Most Important by Supervisees (percentage) = 384	Occupied Most of Supervisor' Time (percentage) = 469
Teaching the supervisee the casework aspects of the job--the knowledge, skills, and attitudes he needs for effective job performance.	26.8	18	18.2
Case consultation--analysis and planning of client contact with supervisees.	21.7	14.8	15.4
Preparing for and conducting staff meetings and training sessions with supervisees.	15.5	5.4	3.4
Reading and reviewing case records in preparation for individual conferences.	6.5	3.4	5.4
Facilitating the work of supervisees by coordinating their work with others in the agency and arranging for the availability of clerical help, case aides, consultation, etc.	5.8	9.8	7.5
Teaching the supervisee the administrative aspects of the job--agency policy, procedures, regulations, forms, caseload management.	5.5	11.0	13.4
Acting as a channel of communication from administration to supervisees and from supervisees to administration.	5.1	11.8	10.7
Helping the supervisees with morale problems related on the job.	3.3	5.4	5.7
Holding the supervisees with morale problems related to the job.	3.1	5.4	1.8
Reading and reviewing case records for assignment to supervisees.	2.1	3.4	5.9

Checking and sanctioning supervisees' decisions regarding clients, procedures, budgets, reports.	1.5	4.6	7.6
Other (specified).	3.1	7.0	5.0
Totals	100	100	100

Functions and Objectives

The survey included a list of possible functions, and supervisors were asked to check those that currently occupied the most time and those for which they had the greatest preference. The supervisees were given the same list of functions and were asked to check those they thought were most important and those least important. Supervisees regarded "teaching the casework aspects of the job--the knowledge, skills, and attitudes that the supervisee needs for effective job performance" as the most important function of supervision. Supervisors indicated that this was their preferred function and the one that occupied most of their time. A closely related function--"case consultation, the analysis and planning of client contacts with supervisees"--was regarded by supervisees as the supervisor's second highest preference and one that occupied a major proportion of supervisory time. Both functions are directly related to the learning activities of the supervisee and the response of both groups showed clear congruence.

On the other hand, supervisees gave high priority to the function of supervision concerned with teaching the "administrative aspects of the job--agency policy, procedures, regulations, forms, and caseload management." This was given low preference by supervisors, although it was a function that occupied a high percentage of their time. The supervisor's responsibility to serve as a channel of communication linking the administration with the workers was also seen as an important function by the supervisees, but was one of the functions for which supervisors had little preference. Some of the findings are recapitulated in Table 2. .

Both supervisors and supervisees agreed that the most important objectives of supervision were "to insure that the client gets full entitlement to service" and "to insure the professional development of the supervisee." They also agreed that the least important objectives were "to insure that the community image of the agency is not damaged" and "to insure accountability for the use of public funds." Only 5.3 percent of the supervisors listed the later objective as one of the two most important. Such a response might be given serious consideration at a time when the profession is being pressed to be accountable, and when accountability tends to be defined in terms of responsible concern for the use of public funds.

The Ideal and the Actual

Supervisors were asked to describe their picture of an ideal supervisor by reacting to a series of statements about supervisory behavior. Supervisees were given the same statements and asked to describe their current supervisor. The thirty-nine statements offered were designed to cluster into six different dimensions, as follows: (1) supervisor interest in supervisee ("ready and willing to meet with the supervisee and show real interest in discussing his work"), (2) empathic understanding of the supervisee ("when the supervisee is discouraged or anxious, the supervisor seems to recognize this"), (3) acceptance of the supervisee ("creates the kind of emotional atmosphere in which supervisees feel free to discuss their mistakes and failures as well as their success"), (4) willingness to grant autonomy ("can permit the supervisee to make his own mistakes"), (5) openness ("is ready to acknowledge occasional inability to help supervisee"), and (6) competence ("has a detailed and accurate grasp of agency policies and procedures").

The ideal supervisor was seen as both a competent practioner and a competent supervisor; one who is educationally and administratively interested in, understanding and accepting of the supervisee, open to criticism, free to acknowledge shortcomings, and ready to grant the supervisee autonomy and encourage him to be independent.

The supervisees' characterization of their actual supervisor was, as might be expected, at variance with the supervisors' picture of the ideal supervisor. Given the fact that supervisors are fallible, one might anticipate that they would be somewhat less than ideal. Although the description of the actual supervisor was, in general, a highly positive one (and this should be emphasized), the difference between the mean for the ideal characterization and the actual characterization reached statistical significance (p .001) for each of the dimensions. The

greatest discrepancy was in reference to the following statements: "He goes to bat for his supervisees with the administration even if this means trouble for him," "He knows how to structure conferences in order to maximize learning," and "If challenged and uncertain the supervisor does not become defensive." The least discrepancy was found in the following statements: "He is ready to share some of his own doubts about the agency and the profession with supervisees," and "He makes himself available to the supervisee outside regular conference time."

It is interesting that the greatest discrepancy between ideal and actual supervisory behavior reflects a problem that supervisees themselves listed as the principal source of dissatisfaction. This was their dissatisfaction with the supervisor's hesitancy to confront the agency administration with the needs of his supervisees.

These results call attention to a supervisory responsibility that apparently should be given greater emphasis. Whereas the supervisor represents agency administration to the supervisee, the supervisee expects the supervisor to represent his needs to the agency administration. Whatever responsibility supervisees might have to organize collectively in order to take action in their own behalf, they still feel they can legitimately ask that the supervisor use his positional authority, his perrogatives, and his direct contacts with agency administration to help supervisees meet their demands on the agency. If supervisees are to feel secure in the agency, they need the assurance that they have the support of the supervisor and are adequately represented by him in any conflict with agency administration and agency policy.

Two distinct orientations to supervision were offered for respondent reaction. One, an existential supervisee-centered orientation, views supervision as concerned with the development of the supervisee's self-understanding, self-awareness, and emotional growth. The supervisee has the principal responsibility for what he wants to learn, and the focus of supervision is on the way the worker does his work and the nature of his relationship to clients. The other, oriented toward the supervisee's thinking, is didactic and task-centered and sees supervision as primarily concerned with the development of the supervisee's professional skills. The supervisor has the primary responsibility for what is taught and the focus of discussion is on what the worker is doing and his activities in behalf of his clients.

In scaling their reactions to the different viewpoints on an eleven-point scale, both the supervisors and the supervisees tended to check the midpoint--and indication that the most desireable orientation was an even admixture of both approaches. Despite overall agreement, supervisors learned in the direction of the didactic, task-oriented approach to professional growth somewhat more decidedly than supervisees.

One supervisory function that emerged persistently as having great importance is the educational-consultative function. Both supervisor and supervisee see the responsibility for the supervisee's professional growth and development as one of the principal objectives of supervision. Helping the professional development of the supervisee was listed by the supervisor as the strongest satisfaction in supervision. Being helped to develop as a more effective professional was listed as one of the three strongest satisfactions of the supervisee. Both saw the source of supervisory power in the supervisor's expertise--an expertise that, hopefully, can be shared and communicated. Both would like to see the supervisory relationship defined as one of consultant-consultee, the principal difference between the participants lying in the greater knowledge and skill of the consultant. All this puts great emphasis on the functional competence of the supervisor--competence as a knowledgeable and skilled practioner and as an educator. Despite the expressive (attitudinal) components in the relationship, supervision is seen as oriented primarily toward helping the supervisee learn to do the job more effectively. Accomplishment of this task requires knowledge and competence on the part of the supervisor. Although relationship skills have been emphasized as a key factor in supervision, technical competence is a consideration of equal, if not greater, importance. Significantly, the discrepancy between the ideal and the actual is greater with respect to technical competence than to relationship skills.

Classical Dilemmas

There is a difference in the way in which supervisors and supervisees regard evaluation procedures. Although 75 percent of the supervisors indicated that they hold regularly scheduled evaluation conferences, only 48 percent of the supervisees indicated that such conferences are, in fact, held. There are similar differences as to whether or not a formal outline of evaluation is available to the supervisee and shared with him in advance. About 40 percent of the supervisees indicated that this is not done. If workers need a clear statement of standards and expectations in order to function productively, current evaluation procedures may present difficulties.

Both supervisors and supervisees agree that the supervisee is rarely asked to prepare his own evaluation and that the most frequent procedure for sharing the evaluation is the presentation of a written report supplemented by oral discussion. Both agree that the principal use made of the evaluation is as a "basis for retention or separation" and "as a basis for salary increases."

In addition, supervisors and supervisees agree that no use is made of modern technology to obtain data of on-the-job performance. Audio tapes, video tapes, and one way mirrors are rarely used to observe the worker's competence; the principal basis for such assessment is the supervisee's written case records," the supervisee's verbal reports of case activity," and "the supervisee's correspondence and reports." The client's assessment of the worker was rarely solicited as a source of information.

However contradictory it might seem, neither supervisors nor supervisees see a conflict between the administrative-evaluatory responsibilities and the educational-consultative responsibilities of supervision. About 74 percent of the supervisors and 57 percent of the supervisees rejected the idea of such a conflict. In this respect respondents echoed the clear message telegraphed by respondents in an earlier study on supervision.[1] In that study, 73 perent of both supervisors and supervisees responded to a similar question by indicating that they saw no real conflict between the different responsibilities. All this contributed to the annoyance of the researchers who, in reporting the earlier results, wrote that respondents "refused to recognize the absurdity [of lack of conflict] and with glorious illogic insisted that the two [responsibilities] could be combined.[2]

Another classic controversy in supervision seems to have been resolved in the minds of respondents to the recent study. This is the question of legitimacy of the supervisor's concern with, and responsibility for, the personal problems of their supervisees. The respondents apparently make a clear distinction between professional and personal development. Supervision is seen as being primarily responsible for helping the supervisee become a better worker, rather than a better person. Both groups selected the professional development of the supervisee as one of the two principal objectives of supervision. Conversely, both groups selected "insuring the more complete development of the supervisee as a mature person" as among the three least important objectives of supervision.

Although the satisfaction "in helping the supervisee grow and develop in professional competence" was the principal satisfaction in supervision for 88 percent of the supervisors. Less than 1 percent of the supervisors checked "helping supervisees with their personal problems" as a source of satisfaction. The statement of dissatisfaction least often chosen by supervisees was "My supervisor tends to become too involved in my personal problems," indicating that for most respondents this was not a problem.

Responding to admonitions that they have no right to "casework the caseworker," supervisors adhere more religiously than supervisees to the dichotomy of professional versus personal development. If anything, supervisees indicate they are more willing to accept the therapeutic instructions of the supervisor than supervisors are to offer such help.

In response to the incomplete sentence "If personal problems came up in my work with clients I would prefer that my supervisor. . ." 48 percent of the supervisees said that they wanted the supervisor to "identify the problems and help me resolve them," while only 30 percent of the supervisors chose this response. Conversely, although 44 percent of the supervisors indicated that they would "identify the problem and help supervisees get outside help," only 11 percent of the supervisees preferred this response. Supervisors more often than supervisees saw the legitimate source of help with job-related personal problems as lying outside the supervisory relationship.

It might be noted that just as the nonconflicting combination of consultative-teaching and evaluatory-administrative responsibilities of supervision contain a seeming contradiction, there is a like contradiction in the separation of professional self and personal self. Since the worker as a person is the principal instrumentality in the social worker's job, it might be argued that in helping the supervisee develop greater personal maturity the supervisor is at the same time helping to develop greater professional competence.

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[1] Western New York Chapter, NASW, Committee on Social Work Practice, "Opinions on Supervision: A Chapter Study," Social Work, 3 (January 1958), pp. 18-25

[2] Ibid., p. 22

Respondents' Comments

The questionnaire ended with a blank page and an invitation to respondents to share any further comments on social work supervision. Over 150 respondents (18 percent) accepted this invitation. In most instances their comments were descriptive--explanatory statements about respondent's supervisory experience that might clarify the context of his responses. However, some substantive responses of general interest were received as well. Thirty respondents commented on the inappropriateness of traditional supervision, the need to encourage greater professional independence and autonomy, and the desirability of peer supervision or consultation. One respondent commented that, as a mature women with considerable experience in social work, she was embarrassed to "refer to somebody as her supervisory." Other comments were concerned with the current negative attitude toward supervision (sometimes related to a general attitude toward social work). Remarks were made to the effect that supervision is "outmoded," "downgraded," "phased out," and "a bad word."

As opposed to this, other comments indicated that graduate schools of social work were not doing enough to prepare people for supervisory responsibilities. It was suggested that schools should routinely offer a course in social work supervision as part of the master's degree curriculum. Responses to the questionnaire indicated that only 47 percent of the supervisors had completed a formal course in supervision. Some respondents expressed concern about the fact that professional advancement almost always required one to accept a supervisory position, even though the person concerned might prefer to remain a direct service practioner.

Despite the growing importance of supervision as a special responsibility of the MSW worker, relatively little research has been done on the process. The survey reported in this article was made in an effort to obtain current data on supervisory practices, procedures, and problems that would begin to fill this gap. The survey presents a descriptive overview of significant aspects of current supervisory practice in social casework.

Supervision and the Emerging Professional

Kermit B. Nash and Victoria A. Mittlefehldt

The supervisory process traditionally has served a threefold function in the health field: teaching, administration, and evaluation. The teaching function of supervision is basic, and directly relates to the learning and performance of the student. This function is predicated on a continuous period of learning and doing, focused on the process of professional development.[1] The supervisory relationship provides the setting in which learning can occur, and the activity of the supervisor provides the conditions that facilitate growth. Fleming and Benedek[3] liken it to cultivating, fertilizing, and watering the soil, since the supervisior's activity creates only the conditions that facilitate growth, not growth itself. This teaching component is built upon an educational diagnosis, which Austin[1] defines as including an evaluation of the students' performance, in person-to-person and group relationships, which inevitably is conditioned by his personality attributes as well as his intellectual abilities. This formulation is predicted on an evaluative process, sorting out what the student is able to do and how effectively he is doing it. The second step of the educational diagnosis is to determine why the student is able or unable to achieve defined objectives. Ekstein and Wallerstein[4] specifically formulate the supervision process as a new experience of growth which may be limited by irrational attitudes and resistances in either student or teacher. Although there is understanding of personality and utilization of psychoanalytic principles, the focus is on learning and performance.

The interacting nature of this process is inherently more complicated when looking at the other functions of supervision, such as administration and evaluation. The administrative responsibility placed on the supervisor is the organization's assurance of service to patients, or increased effectiveness of the learner, and of appropriate judgments as related to success, completion, reassignment, or failure of task accomplishment. The function of evaluation in supervision is separate, but still a part of administration and teaching, which determines to a large extent the student's future in his chosen profession.

It is through this three-pronged process of supervision that the novice is socialized into the tradition-steeped established disciplines of psychiatry, psychology, social work, and nursing. The basic component of supervision is the teaching or educational function, since it is directly linked with institutionally sanctioned means for upward social mobility. These means include credentialism, acceptability into established professional organizations, licensure, and established mobility through experieence and acquired competence. Individual, institutional and societal sanctions have legitmized the established disciplines. This is demonstrated by the paths for career development, upward mobility, prestige, financial renumeration, and acceptance within the human service care systems.

There are inherent values and institutional sanctions for students in the professions that are not the same for the new professionals.* Health care institutions thrive on professional students. Many such institutions depend on the professional student for a labor supply to accomplish the task of service to clients and federal funding to increase faculity ranks. There is a prestige factor associatred with professional training. MAny professionals seek employment in training settings because of the stimulation of teaching and the concomitant professional recognition for acquired and demonstratred competence, knowledge, and skill. Professional teaching and supervision is viewed as a part of the reward system of the institution; only the most valued professionals are seen as competent enough to prepare other professionals.

New professionals are not in such a prestigious position. Out of the turmoil of the 1960's came the recognition that the human service professionals did not have all the skills and knowledge necessary to work with poor and minority peoples. Also, since there could not conceivably be sufficient professionals, the federal government made new funds available to train the new professional under the rubric of numerous labels (new careerists, indigenous workers, paraprofessionals, etc.). Thus, the human service delivery system found itself with a new category of worker who, while he brought funds into the institution, was often unasked

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Reprinted from the Paraprofessional: Selected Reading, New Haven, Connecticut: Advocate Press, 1978, pp. 156-163.

for and was not sanctioned by any established profession. The new professional movement was variously viewed as an attempt to pacify the poor and minority communities, as an attempt to increase rapidly the manpower pool, and as an attempt to equip poor people with salable skills. Under these circumstances the new professionals experienced unique entry problems when coming into an organization.[5] When they did enter a system, they did not usually have higher level supervisors. Their supervisors were generally lower middle management staff, nurses and social workers. Their supervisors could not wield power within the institution.

The entry of the new professional worker eventually necessitated the examination and redefinition of professional task and job functions. In the process, anxiety and resistance to the new professional were created. At the time of entry, and to date, institutional and societal sanctioned goals do not exist for this newer category of worker. There are few or no paths for career development, upward mobility, prestige, financial remuneration, and demonstrated acceptance within the human service care systems.

THE SETTING

A collaborative effort of the State of Connecticut and Yale University, the Connecticut Mental Health Center was organized along the lines of a unit system. One of its original units was the Hill West Haven Division, founded in July 1966.

From its inception, the Hill West Haven Division was charged with the responsibility for providing comprehensive mental health and services to a catchment area of approximately 75,000 people, which included the Hill neighborhood of New Haven and the City of West Haven. West Haven is a predominantly white, lower-middle-class working town, heavily dependent upon New Haven based agencies for social and health care services. The Hill, the last major inner city area to undergo urban redevelopment, is currently in the throes of marked social transition. Poor income, unemployment, low educational level, sub-standard housing, and overcrowding characterize the neighborhood.

The Hill West Haven Training Unit is a component of the Hill West Haven Division of the Connecticut Mental Health Center. The purpose of the Training Unit is to train new professional workers. When the Training component was established, the State of Connecticut developed community mental health worker trainee job specifications for the students and two positions for instructors. These new professional job specifications are the only ones funded throughout the State of Connecticut. To date, the State has not further developed this job series.

Students — male, female, black, Spanish speaking, white — range in age from eighteen to 50 years old. They are selected from the Hill section of New Haven and the City of West Haven in accordance with the catchmenting process articulated in the Kennedy Legislation of 1963. Half the students are hired into a one-year clinical program, and the others into a two-year college program run in conjunction with a local community college. The clinical trainees are required to take college courses, and encouraged to enroll for credit. For those students without a high school diploma, the college credit is earned and held in abeyance until the student completes his or her high school equivalency work. The role of the placement in training is to provide a setting for the acquisition of clinical skills and the opportunity to work with people in the established disciplines, under supervision. The training experience is intended to teach the students to work in helping situations, and to equip them with skills in areas that include information gathering, experience is intended to teahc the students to work in helping situations, and to equip them with skills in areas that include information gathering, experience in working one-to-one, with families or groups, and relating to other resources that can be helpful to clients. Other skills include: developing ability to assess one's strengths and limitations, defining learning priorities, problem solving, identifying interpersonal and intergroup dynamics, case management, expediting, collaboration, crisis intervention and management, social system diagnosis, and community organization.

THE SUPERVISOR AND THE NEW PROFESSIONAL

Developing placements in a university affiliated mental health center presented problems relatd to status, ethnicity, and program goals (i.e., how new professional students could fit into the existing order of things). The only staff available who were assumed to have the knowledge, skill, and expertise to train, teach, and supervise the newer entry worker were members of the established disciplines But frequently they lacked clarity about what the final product was to do and where it would fit into the established order within health settings. Additionally, the professionals had a paucity of knowledge and understanding about the minority group trainees they were supervising; about the inherent racism that existed, and still does, in the helping professions; about the misperceptions imposed upon communtiy people, and indigenous, low-income workers; and about the position new professionals would finally occupy in the human service delivery system.

Professionals tended to bring a rigidity to the process, relating to the new professionals in the same manner as they would to professional students. Their perceptionof the educational component of supervision was frequently not congruent with the new professional's perception of the underlying authority dimension of the three components: teaching, administration, and evaluation. The struggles inherent in coming to grips with this difference in perspective frequently manifested themselves in the challenge and the conflicts the new professionals inherently brought to the task and to the traditional structure of the institution.

In the training of supervisors, issues concerned with new professional role definition, relationship to professionals, career possibilities, and the inherent conflict in the introduction of a new category of worker into an established system all affect the supervisory process. Unless the supervisor realistically attempts to explore the issues, retain a sense of commitment, and recognize that change fosters resistance on all levels, including institutional constraints, the supervisory process will be fragmented, unsatisfactory, and impede the learning and growth process that has been promised.

Articulating these dilemmas is the beginning. But the ability of the supervisors to alter the traditional socialization process for themselves and the new professional is difficult, and contributes inadvertently to the failure of the supervisory process.

The approach to the training of the supervisor of new professionals must address the experiences of the new professional and the supervisor that we have identified; it must take into account and accept the existence of the needs of the new professional, their role stresses and difficulties, and have a built-in flexibility. The training of supervisors must be predcated on the goal of collaboration between supervisor and new professional in a new area, for which exact guidelines have not been clarified and established. Both groupings will contribute to increasing knowledge about the supervisory process.

SUPERVISORS' SEMINAR

The disparity in the abilities of the supervisors to parlay the new professional experience into constructive learning, and the isolation of supervisors interested in new professionals, led to the idea of a seminar for supervisors. The purpose of this seminar was to better articulate a philosophy and to establish new professional supervisory guidelines. Developing a supportive atmosphere in order to attract people who had clinical skills and were interested in expanding their knowledte about the supervisory process as related to the new professional was the initial inducement. A further stimulus was the opportunity to learn about the supervisory process in general and to provide a support system for this groupingf of clinicians. It was anticipated that the atmosphere would enable supervisors to explore their concerns from their point of view in a cross disciplinary multi-service, multi-racial grouping of people who shared interest in this new category of worker. The grouping of supervisors was a diverse as the student population -- black, white, Puerto Rican, nurses, social workers, clinical nurse specialists, mental health workers (new professionals), rehabilitation workers, mental retardation workers, and a psychiatrist. A variety of settings were represented: mental health centers, satellites such as field stations, a school for unmarried mothers, correctional institutions, and "speciality clinics" such as Spanish-speaking programs, drug and alcohol programs, and graduate students.

The format was didactic and experimental. Prime consideration was given to developing an understanding of the component parts of an educational diagnosis and the pedagogical techniques utilized in the supervisory process. Existing literature in the field of supervision was reviewed, and the historical evolution of the supervisory process in the helping professions examined to determine those aspects having universal appeal from the perspective of the facilitation of growth in the individual. Supervisors were able to present problems they were experiencing in supervision. The subsequent group analysis offered the opportunity for supervisors to examine controversial social issues and political implications that affected the supervisory relationship. In this atmosphere, the supervisor was able to examine his own motivation, attitudes, and needs as they affected the supervisory relationship with the new professional.

The model of supervision advocated in the seminar emphasized the growth aspects of learning clinical skills that would enhance those human skills the new professional brought to the training setting. Supervision, as used in this context, is defined as a process that enhances the growth potential of people in the delivery of human services. Implied is the core of human qualities that people bring to the training experience, equipping them, through skill building and career opportunities, for the task of human services delivery in a variety of settings. This growth process embraces the opportunity for people to get off, if they so choose, and to recognize the humane elements of an experience that includes the intellect, the emotions, and the societal context within which the process takes place. Supervision is primarily an educational experience, not a therapeutic one, and is geared to the learning

experience, not a therapeutic one, and is geared to the learning experience. If personality changes occur, it is incidental and not primary to the basic learning experience of acquiring skills and opening vistas for new opportunities.

Supervision is recognized as taking place in various forms and configurations -- one-to-one, peer group association, structured classes such as group process, social systems intervention, psychology of oppression, clinical seminar, and the supervisory hour itself. In whatever form, taking responsibility for one's own learning is considered a crucial element to the model. For the supervisor this requires a conscious recognition that one-to-one supervision is only one element that has influence in the learning process.

The focus on the relationship between supervisor and supervisee was the key element in the variety of supervisory models discussed in the literature. In focusing on the supervisory relationship, the existing literature is explicit and applicable as related to the new professional. It is imperative that there be recognition that the supervisory relationship is a whole made up of two discrete parts in which each person plays distinct roles, with the supervisor at an advantage based on greater knowledge of the setting. The supervisor's focus is on the inherent value of the institution and the necessity to promote its values, assumed to be meaning. The supervisor usually feels a sense of commitment, or an investment in demonstrating the utility and function of his particular approach.

The supervisor is dependent uponthe supervisee for the reporting of accurate information about his or her work with clients, the implementation of new solutions to problems, and the effective and humane carrying out of the institution's charge of quality service to clients. On the other hand, the supervisee is dependent upont he supervisor for acquisition of knowledge about the institution's values and functions, for increased development of clinical skills, and for an evaluatio of his or her performance, which decidedly affects the supervisee's career in the caretaking setting. Unless there is the recognition of the dependence-independence issues as affecting this relationship, little can be accomplished.

In the course of supervisor's quest to achieve his objectives, when there is difficulty in the supervisory relationship, the supervisor frequently misjudges the nature of the problem and suggests that supervisor-supervisee difficulty reflects the inability of the supervisee to "use supervision." This often occurs around issues concerning differing values and perspectives related to points of view and perception of life experiences. Thus, the suprvisee is placed in a role of needing expand his or her knowledge base subject to the biases, orientation, and wishes of the supervisor. The values of the supervisor and the supervisee are based on different life experiences, aspirations, and priorities for living. For example, if the new professional is striving to remain off welfare, supervision may be perceived as a threat to his livelihood, and criticism, overt or implied, may be extraordinarily threatening. The supervisor, on the other hand, aspiring to equip the learner with clinical skills, may view criticism simply as a necessary part of learning. Unless both supervisor and supervisee address directly and openly their values, perspectives, and expected use of supervision, the relationship will not change beyond the level of a game played by both parties.

For supervisors, issues of use of the advantage in their position, and reaction to the nuances involved, are crucial or ongoing learning objectives. More specifically, these issues include dealing with their traditionalism; dealing with entry problems; dealing with student participation; dealing with issues of class, race and sex; and unlearning their own conditioned responses to authority and credentialism. These issues must be handled in the context of the overall function of the supervision: to teach techniques, to manage, and to socialize.

The issue of traditionalism reflects the value system of the professional, and his insistence that thenew professional be like him. Emulation through the acquisition of behavior and skills, without the corresponding rewards, raises issues that the supervisor can find unsettling. Stuckey[6] described this, noting that:

> Another major change was in getting over my mental process of labelling, of putting people in neat little packages with tags.

This she equated with her experience as a trainee:

> I began to wonder, if I could overcome labelling, why it is that professionals in mental health find it necessary to continue to label us, refusing to accept us for the skills and knowledge that we have to offer, and why they can't put aside their petty fears of community people taking over their job.

If the supervisor is to aid in paving the way for the new professional's entry, it might mean becoming an advocate, or at least being able to participate in establishing a climate and atmosphere that would allow learning and the supervisory function to take place. Boyette[3] described the difficulties encountered during her student placement:

...we had to deal with the attitudes of professionals (staff members) who seemed to militate against the trainees, for example in not recognizing trainees as being part of staff. This came to a head during an initial interview with a patient. The team leader, who had not signed up to interview her patient (a unit procedure) came in while a trainee was conducting the interview -- at the precise time the trainee was signed up for it -- and stated: "This is my patient. If you anted to interview my patient, you were to see me first."

Boyette cites as another example an incident in which all staff and trainees (medical students, nursing students, etc.), upon their arrival, received keys to a locked restroom, "except the two black new professional students." The trainees' perception of the staff's "greatest hang-ups were their insecurity in their positions and their racial prejudices."

Unless a supervisor is willing to deal directly with racism and class conflicts in the work setting, the supervisee is placed in a position of having to assume, for the sake of his survival, that the supervisor supports the status quo. Being low person on the totem pole, the supervisee is in a position of easily being wiped out if he or she directly deals with the issues while not having any concomitant support from the supervisor and those in higher echelon positions within the institution, the climate for learning is absent. The supervisory function then loses its quality as a teaching-learning situation for both parties.

The issues of class, race, and sex are problematic unless the supervisor has some degree of comfortableness in dealing directly with such issues as they affect the learning situation. In the seminar, one white supervisor reported how she dealt with the issue with a black supervisee: "I am white, middle class and live in the suburbs. If this interferes with your learning we will have to deal with those feelings -- that's what I look like." The student indicated she was relieved, and proceeded to learn what skills the agency had to offer.

The supervisor's response to authority and credentialism issues are perhaps the most difficult. Frequently, these issues manifest themselves as matters of control, conformity, and the supervisor's narcissistic need to have the student be like him. When the supervisor has a different philosophical frame of reference, and his or her sense of status and importance to the system is challenged, responses often are invoked within the supervisor that impede the learning process. Similarly, some trainees may be "brighter" than the supervisor, which can also evoke concerns about competency, value to the institution, and sheer frustration on the part of the supervisor trying to achieve his or her own growth within the supervisory relationship.

CONCLUSION

Supervision is a process built on a relationship between two people. Both parties play a crucial role. The goal of the process is educational. Both supervisor and supervisee learn and teach others through the process. Each individual, and the institution, is changed by it, if the appropriate functions take place.

Built on a commitment to change, the supervisor of the new professional, having familiarity with the basic funcitons of supervision, can make maximum use of thefollowing guidelines to achieve the desired results in the supervisory process:

1) The supervioser must recognize his own investment in his professional identity that builds resistance to change. These resistances are recognized to exist on an individual, professional, and institutional level.
2) The supervisor must recognize his insitutional and societal advantages for upward mobility, financial remuneration, status, and credentialism.
3) The supervisor must recognize the realities of the world of credentialism and have the ability to confront the issue with the new professional, yet not cool out the new professional in what direction he or she chooses to go.
4) The supervisor must recognize his feelings, behavior, attitudes and thoughts about race, class, caste, and sex differences as they affect the supervisory process.
5) The supervisor must have a commitment and an active involvement in addressing issues of race, class, caste, and sex in his or her work setting within the institution, as they affect the new professional.
6) The supervisor msut recognize the steps in supervision for successful learning -- educational diagnosis, addressing issues, setting learning priorities, evaluation, and termination.

REFERENCES

1. Austin, L., Basic principles of supervision. Social Casework, 1952, 33 (1), 414.

2. Bayes, M. & Neill, T., The problematic role of paraprofessionals in mental health services. Undated paper.
3. Boyette, R. et al, the plight of thenew careerist: A bright horizon overshadowed by a dark cloud. American Journal of Orthopsychiatry, 1972, 42(4), 599.
4. Ekstein, R. & Wallerstein, R., The teaching and learning of psychotherapy. New York: Basic Books, 1958, p. 26.
5. Fleming, J. & Benedek, T., Psychoanalytic supervision: A method of clinical teaching. New York: Grune and Stratton, 1966, p. 235.
6. Stuckey, G., Challenges in mental health for new professionals. American Journal of Orthopsychiatry, 1973, 43(1), 166.

NOTE

* The emerging professional, referred to variously as paraprofessional, new careerist, mental health worker, and invarious aide categories, will hereafter in this paper be designated as new professional; it is to be understood that new professional will generally designate all individuals working in the human services field who do not hold a college degree.

MODULE VII

SKILL-BUILDING AND APPLICATION

SCOPE

Module VII is designed to provide each participant with opportunities to practice selected supervisory skills and to apply selected supervisory principles to simulated situations.

OBJECTIVES

Upon completion of this module each participant will be able to:

- Demonstrate, in practice, the ability to conduct a simulated supervisory interview.
- Demonstrate, in practice, the oral method of giving feedback.
- Demonstrate, in writing, to write a process recording of a brief supervisory interview (simulated).
- Demonstrate, in practice, the ability to critique and evaluate a process recording produced by another participant.
- Demonstrate, in practice, the ability to participate and contribute in a small group evaluation of the work of one other participant.
- Demonstrate, in practice, the ability to use at least three methods of getting information around which supervision may occur.
- State, orally, the extent to which his/her expectations for the supervision course have/have not been met.
- Complete the posttest at the level of 75 percent correct or above.

LEARNING ACTIVITIES

- Small skill-building groups
- Interpersonal process recall
- Simulation - "The Client Writes a Record" - I
- Simulation - "The Client Writes a Record" - II
- Large group review
- Course summary and discussion
- Posttest
- Closing exercise

SUPERVISION

CASE STUDY

BACKGROUND

Equinox is a moderately large substance abuse treatment program in Foursquare, Illinois. The agency provides individual, group, and family counseling for persons having problems with illicit drugs (marihuana, cocaine, heroin, synthetic compounds, and snuff) and individuals having problems as a result of abuse of alcohol. The agency also conducts an active outreach program with a two-fold purpose: 1) to identify potential clients and 2) to engage in primary prevention activities.

The agency is staffed by thirty persons including: ten counselors, two supervisors of counselors, four intake workers, four outreach workers, sever clerical support staff, two deputy directors, and an executive director.

The agency is located in a building that was previously used as an elementary school. The building is centrally located near the center of the city and is surrounded by an area zoned D, mixed-commercial. Most of the clients served by the agency live within a radius of 1.4 miles of the agency.

Equinox, as an agency, is the result of the merger of Silenus House (primarily a drug treatment program) and Wine Valley (a program for alcoholics and pre-alcoholics). In 1974 the Foursquare United Fund experienced an exceptionally poor fund drive. As a result there was an attempt to continue service to both groups of clients and at the same time reduce the excessive cost of supporting two separate programs. The policy-making board of Equinox, the new agency, was formed by appointing one-half the members from the boards of Silenus House and Wine Valley as the Board of Directors.

Equinox is funded by a public-private mix of direct grants. Two-thirds of the funds come from private sources. The remaining third comes from federal grants allocated by the state of Illinois. The current operating budget for Equinox is $400,000 per year. No fees are charged for any services provided by Equinox. As of July 1, 1978, 113 clients were receiving direct services (counseling) from Equinox. Six families were receiving ancillary services, and two small outreach-prevention programs were operational as of July 1, 1978.

PRESENT STATUS

When Silenus and Wine Valley merged, the Directors of both programs became Deputy Directors at Equinox. The person selected as the Director was a man who had previously served as a Deptuy Director in the local department of social services. The counselors from Silenus House tended to have a minimum of academic training and a great deal of experience with drug abuse, its related areas, and in counseling. The Wine Valley Counselors, on the other hand, tended to have a great deal of academic training, and less experience with alcohol abuse, its related areas, and counseling. Both supervisors of counselors were university trained with five and six years, respectively, in counseling and supervision.

COMMENTARY

The merger of any two organizations is fraught with problems. The merger of Silenus and Wine Valley was no exception. It can be said that these two organizations were very close to being opposites. They differed, in history, in management, in predominant frame of reference, in climate and general policies/procedures.

This record describes only one of the problems experienced at Equinox. The focus here is on a general problem of supervision. Particularly as it relates to smooth operation of the agency and the delivery of effective service.

CRITICAL INCIDENT

On September 1, 1978 Equinox instituted a methadone maintenance program. The Program was started as a result of the closing of a similar program in another part of the city. Equinox

also instituted a policy of requiring all methodone clients to participate in individual or group counseling programs at Equinox. This situation caused a dramatic rise in clients coming to the agency with drug-related problems. Previously the five counselors from Silenus served drug abuse clients who came to Equinox and clients with alcohol problems were served by the counselors from Wine Valley. This division was not a part of a formal policy. Rather, it seemed to be by assumed preference and convenience.

THE PROBLEM

The board met and established a policy that counselor caseloads should be as equal as possible. Further, the board established that clients should be assigned to counselors without regard to the nature of their problem (alcohol-related or drug-related). Supervisors were also advised that the counselors would be reassigned so that each supervisor would have former counselors from Silenus and Wine Valley and that the agency would operate from a single frame of reference for counseling. The specific frame of reference was to be developed by the supervisors in consultation with the counseling staff...

The following questions are offered to help you in your analysis of this case:

1. As a supervisor how would you proceed with your supervisees?
2. What reactions would you expect from the former Silenus counselors?
3. Since some supervisees need experience and others need training what would you recommend for staff development?
4. What efforts would you expect the new policy to have on the drug abuse clients? The alcohol abuse clients?
5. What are the implications in this case for the administrative aspects of supervision?
6. What are the implications for the clinical aspects of supervision?

WORKSHEET FOR

IDENTIFYING A CLINICAL RHOMBUS
IN MY ORGANIZATION

1. Draw a clinical rhombus of your organization.

2. Describe the elements of your clinical rhombus using open-systems theory concepts (e.g. our input - clients with ..... problems, from ..... socioeconomic levels)

3. Locate yourself within that clinical rhombus. What is your role and primary task? How do you inter relate/interface with the other elements of the clinical rhombus? What difficulties/problems do you see in these relationships?

4. Frame of Reference

   A. How would you describe your personal administrative style? Your administrator's style?

   B. What is the treatment modality (Rx) in your agency?

      Is your administrative style consistent with this Rx?

      Is your administrator's style consistent with this Rx?

   C. If there are inconsistencies over A & B what can you as a clinical supervisor do to inject consistency into the treatment setting?

THE RIPPLE EXERCISE

INSTRUCTION SHEET

This sheet contains all the information you need to participate in the exercise.

You are a (your role). Together with three (3) other role players, you will be asked to leave the conference room. After about 5 to 15 minutes, you will be summoned back to the conference room. As soon as you enter the conference room, identify yourself and the role you are playing.

Someone will then give you an oral report of an incident. Your task is to deal with this oral report (an action decision) the way you would if you were a (your role) and prepare to report on your action-decision to the next person who enters the room.

You will not know ahead of time who you give your oral report to, so be prepared to deal with any of the role players remaining outside the conference room.

In order to make this exercise work, please observe the following ground rules:

1. Limit your verbal exchanges to five minutes - that is, 5 minutes with the person who is to give you a report and 5 minutes with the person to whom you are to give a report.

2. While waiting for your turn to enter the room, do not confer with the other role players.

3. Once you have finished playing your role, you may return to your seat and join the rest of the group.

THE RIPPLE EXERCISE

OBSERVER SHEETS

Observe the behavior of each character in the role play exercise and answer the following questions:

What was the original statement made by the _____?

_____

_____

_____

	Role Player #1	Role Player #2	Role Player #3	Role Player #4
How did each role player react to the oral report?				
What did each role player decide to do with the report?				
What were each role player's assumptions about the "crisis situation?"				

Be prepared to answer these questions during the large group discussion:

1. Were there differences in the way each role player chose to deal with the oral report?

2. Did the nature of the "crisis situation" undergo changes as it was communicated by the first person to the last person in the chain?

3. Would the oral reports of the role players change had the sequence of the characters been different?

WORKSHEET FOR

IDENTIFYING MY PERSONAL
LEARNING/TEACHING BLOCKS

1. How would I describe my supervisory style? (laissez-faire, authoritarian, etc.)

2. Which among the "games" mentioned do I usually find myself playing, that block or inhibit my ability to learn?

   Why do I play these games?

   What can I do to minimize/avoid playing these games?

3. Which among the "games" mentioned do I usually find myself playing, that block or inhibit my effectiveness as a teacher/guide?

   Why do I play these games?

   What can I do to minimize/avoid playing these games?

4. Is my present supervisory style appropriate to the teaching/learning function that I perform within my agency? If not, what can I do to make it more appropriate?

COUNSELOR COMPETENCY BEHAVIOR RATING SCALE

Counselor: _____

Rater: _____

Interview tape # _____

Other than tape (explain) _____

The Counselor Competency Behavioral Rating Scale (CCBRS) is designed to assess specific counselor skills and behaviors. It requires the rater to identify and tally the occurrence of each manifestation of 14 defined counselor skills and to rate the efficacy of each. The scale is designed primarily to assess counselor performance as it is manifested in an audio- or videotape record of a given counseling session, but it can also be used (without the frequency tabulation) as a summary evaluation of a counselor trainee's level of performance in the component areas, or as one measure of a counseling practitioner's overall performance by a supervisor. The scale also lends itself well to use as a self-rating instrument by counselors seeking to upgrade their own performance levels.

Certainly all the skills and competencies which a counselor ought to develop are not included. The assumption is made, however, that the 14 behaviors defined herein are all important and necessary to acquire for effective counselor functioning. Indeed, higher levels of performance in each of the components can be built into any counselor training program as outcome goals. In such a case, the scale can be used to provide pretest, ongoing, and posttest data resulting from a content analysis of sequential counseling interviews.

DIRECTIONS

Definition: An intervention refers to any given instance of counselor verbalization. Some interventions might be characterized by the rater as containing instances of more than one of the 14 skill areas which make up the scale. In this case, the rater should make a tally and assessment of performance in each of the component areas. Some interventions will resist categorization into any of the component areas. For example, a counselor may tell an irrelevant anecedote about himself. Such material, while of interest to a counselor trainer, should not be counted or evaluated.

An intervention may be long or short and may or may not contain interspersed client verbalizations. What the rater needs to identify in his analysis is whether or not a particular segment of counselor verbalization or segment of counselor-client interaction can be characterized as fitting into a skill component area as defined in the CCBRS. Counselor intent, or the implicity or explicitly implied direction of the intervention, is the chief ingredient here: Was the counselor's behavior manifested in order to achieve a given end inherent in any one of the skill areas? Was he consciously (or unconsciously) exercising the skill in question?

Marking the Scale—Frequency: In the left-hand column of the CCBRS the rater should tally each intervention which fits into one of the 14 categories beside the category into which it fits.

Marking the Scale—Performance Assessment: Following each instance of a behavioral manifestation of a skill component, the rater should immediately analyze the behavioral unit, make an evaluation of it, and assign a numerical value to it by inserting appropriate checks on the scale which appears immediately below the skill definition. (Avoid checks between numbers.) The number of checks on a skill area scale should equal the number of frequency tallies for that area.

While the scale represents a performance continuum of 11 points, the value of 10 being the highest, only 5 descriptors are provided as follows:

10	9	8	7	6	5	4	3	2	1	0
fully effective		mostly effective		minimally effective			slightly effective but mostly ineffective			completely ineffective

Scoring: The CCBRS yields a Total Frequency Score, attained by adding the tallies of component occurrence. It also yields a Total Performance Assessment Score, attained by adding all component performance assessment values scaled in each performance instance. The Average Level of Performan ce Score is attained by dividing the Total Frequency Score into the Total Performance Assessment Score. The result comprises the subject's Counselor Competency Behavior Rating.

In addition, should the rater so choose, an average measure of performance for each component skill area can be attained by dividing the frequency of occurrence into the total number of assessment points a subject earns in that skill area.

FREQUENCY COUNSELOR COMPETENCY BEHAVIORS

_____ 1. Questioning, exploring, drawing out, evoking problem-related material: Interventions which expose and make clear for the counselee, not just for the counselor, life-space concerns and difficulties the counselee has.

10 9 8 7 6 5 4 3 2 1 0

_____ 2. Information giving: Introduction of information useful or necessary to the counseling at the appropriate time (counseling procedural matters, referral information. educational-occupational information, testing information, role-working instructions, etc.). Fully effective information giving includes a check on the counselor's understanding of the information and the reasons for its importance to him and the counselor's correction of distortions in client perceptions regarding the information.

10 9 8 7 6 5 4 3 2 1 0

_____ 3. Nonverbal behavior: Identifying and focusing on nonverbal behavior manifested by the counselee in the interview, labeling it, commenting on it, relating it to counseling content and process data, and using it to forward counseling movement.

10 9 8 7 6 5 4 3 2 1 0

_____ 4. Goal setting: Helping the counselee to establish realistic and attainable goals. Goal setting is effective when the goals have specificity pertinence, attainability, accompanying criteria for determining goal accomplishment, and evidence of counselee commitment to taking a course of action.

10 9 8 7 6 5 4 3 2 1 0

5. Emphasizing, accenting, or underscoring: Placing stress on an intervention or on counselee data by differing voice tone or by isolating and repeating pertinent statements to heighten impact.

10 9 8 7 6 5 4 3 2 1 0

6. Reassuring, encouraging, and supporting: Use of psychological or emotional support when counselee's anxieties begin to inhibit rather than promote counseling movement.

10 9 8 7 6 5 4 3 2 1 0

7. Establishing connections: Piecing together for the counselee fragments of problem-related material that the counselee cannot see as connected.

10 9 8 7 6 5 4 3 2 1 0

8. Hypothesis testing: Formulating hypotheses about the counselee's behavior and testing them out with the counselee in order to specifically identify the behavior and/or clarify its causes and the meaning it has.

10 9 8 7 6 5 4 3 2 1 0

9. Restating: Putting what has been said into different words so that it is more concisely understood and more meaningful to the counselee.

10 9 8 7 6 5 4 3 2 1 0

10. Identifying, labeling, clarifying, and reflecting feeling: Interventions which expose and make clear for the counselee, not just for the counselor, what feelings are present in him during the interview or in other parts of his world and how they accompany or affect his behavior in self-enhancing or self-defeating ways.

10 9 8 7 6 5 4 3 2 1 0

11. Confronting: Straightforward presentation of the counselee's reality situation which he may wish to avoid.

10 9 8 7 6 5 4 3 2 1 0

12. Interpreting: Describing and formulating counselee's problem-related material and giving underlying meaning of an experience or statement.

10 9 8 7 6 5 4 3 2 1

13. Summarizing or reviewing important material: Drawing together the large bulk of what the counselee says in order to focus on essential aspects. Summarizing can additionally be of what happened in a given interview (or any part of it). Effective summarizing includes naming all the content parts, determining how and why each are important, and including the counselee in the process so that his perceptions of the material are gauged.

10 9 8 7 6 5 4 3 2 1 0

_____ 14. Effective closure: Bringing the counselee's work on problems to a close when they have been worked through and capping a part of an interview, an entire interview, or all of the counseling. Effective closure leaves a counselee with a feeling of completeness regarding a given area, of problem status and/or resolution, and of understanding the whole with a minimum number of loose ends.

10 9 8 7 6 5 4 3 2 1 0

_____ Total Frequency Score

_____ Total Performance Assessment Score

_____ Average level of Performance Score (Counselor Competency Behavior Rating)

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